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Colorado State Coll., Greeley. Counseling and Testing Center.

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Reproduced here are the presentations and discussions of the workshop. The following topics were covered: (1) the role of religion in student crises; (2) the role of the college in student crises; (3) the community and college resources in student crises; (4) homosexual activities; (5) the view of an academic dean on student crises; (6) the college student and the faculty in crises; (7) drug usage; (8) a humanistic view of personnel work; (9) love in the college context, including sex, pregnancy, abortion, and veneral disease; and (10) self-destructiveness, psychic masochism, and students in turmoil. (PS)

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Counseling
and
Testing
Center
Reports

Report of the
Second Annual
Workshop in
Emotional Problems
of College Stndents

JULY 19-22, 1967

COLORADO STATE COLLEGE
GREELEY

AN EXPERIMENTAL WORKSHOP
in the
EMOTIONAL PROBLEMS
of
COLLEGE STUDENTS

July 19, 1967 - July 22, 1967

Sponsored by

THE COUNSELING AND TESTING CENTER
Colorado State College
Greeley, Colorado

INSTITUTE OF MENTAL HEALTH
U.S. Office of Health, Education and Welfare
Washington, D. C.

WELD COUNTY MENTAL HEALTH CLINIC
Greeley, Colorado

Workshop Director: Theodore M. Nelson, Ph.D.

Associate Director: Mark P. Farrell Jr., M.D.

Recorder: Claire Quinlan, Ph.D.

This Workshop was supported in part by Public Health Service Research Grant Number X-461-430, from the National Institute of Mental Health, U. S. Office of Health, Education and Welfare.

IN MEMORIAM

On December 31, Mark P. Farrell, Jr. left Delta, Colorado, to return home after visiting a patient; his plane is still missing. On Saturday, February 3, 1968, a memorial service was held for Mark at St. Mary's Church in Littleton, Colorado.

Mark was a unique guy—unique in the sense of his dedication to the goals of mental health, unique in his strong interest in the college student, unique in his desire to remove the jurisdictional barriers that often segregate the student personnel services and the college from the medical and psychiatric services of the community. Philosophically directed by a belief in the basic goodness of man and the ultimate need of man to return to a tenderness relationship, Mark lived as he believed.

The greatest tribute we can pay is to continue the work that he left. Mark would not have wanted a testimonial; he would have wanted action. He would have wanted a renewed dedication to the task of helping people, especially young people, to live a more productive and satisfying life. In memory of Mark, we rededicate ourselves to the task.

ACKNOWLEDGMENTS

The success of any workshop depends in large measure on the involvement of those engaged in the discussions as well as the speakers and resource personnel. Our sincere thanks to all those who contributed to this workshop. We hope that these discussions will be of value to those who work with college students in crises.

Our special thanks to Dr. Quinlan and Dr. Kinnick for the excellent job of editing these proceedings and also to Mrs. Harriett Amos and her clerical staff in preparation of the transcripts that make up these proceedings.

Again as in 1966 we wish to acknowledge the excellent assistance of Dr. Allen Hodges and financial support of the National Institute of Mental Health. Without their support and guidance the workshop would still have been only an idea.

We would also like to thank the participants and resource personnel for their prompt return of their evaluations. These have given us many constructive ideas for planning next years affair.

Sincerely,

Theodore M Nelson

Theodore M. Nelson, Ph.D.
Dean of Psychological Services
CSC Workshop Director

Dear Workshop Participant,

Again we have attempted to reproduce as close to the original as possible the various presentations and discussions for the Second Emotional Crisis Workshop held at Colorado State College from July 19 to 22, 1967. We have purposely not edited too strictly to allow for the personal expression of the speakers. We hope that this manner of recording does not detract from, but enhance the value to the reader.

It is our hope that you will be re-stimulated by some of the ideas exchanged at the workshop and possibly rededicated to the task at hand.

Sincerely,

Claire Quinlan

Claire Quinlan, Ph.D.
Recorder

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THE WAY

by Donald G. Decker

Good-by, my dreams,
I must leave you now.
I'm just too old
To see you through.

Good-by, my dreams,
Life's changed for me
And you must go.
I wish it were not so.

What once I knew
I'd see and be
Is no longer there -
At least for me.

Good-by, my dreams,
I waited too long
And now it means
Another song.

Just where I'll be
I never know;
It's not a place
For dreaming so.

It just must be
A lonely road
Without the sounds
I've always known.

I'm lonely now
Without my dreams;
We've meant so much
To each other, it seems.

I can hardly part
With what I knew
Would one day be
So true, so true;

But now I must
For now I know
The dreams I knew
Scare me so

Because I left
Them all too soon
And now in fear
I am alone.

I cannot dream,
The seekings gone
Or so it seems.

So one more smoke
And one more prayer
And I will go
Where dreams are rare

And somewhere you
May say a prayer
Just for me,
A dreamless guy
Who once did care
And reached for the sky.

But now alone,
Don't pity me!
These lovely pills
Will for me be
The way.

And you in sadness
Sing a song

But I am gone.

I am gone.

This poem was written by Dr. Decker, Dean of Faculty, Colorado State College. It so aptly seemed to portray the despair of youth, we thought you might enjoy reading it.

SECOND EXPERIMENTAL WORKSHOP
in the
EMOTIONAL PROBLEMS OF COLLEGE STUDENTS

July 19, 1967 - July 22, 1967

THEME: "The Roles and Games We Play"
(with apologies to Dr. Berne)

Theodore M. Nelson, Ph.D.
Workshop Director
Counseling Center CSC
303 - 351-2483

Claire Quinlan, Ph.D.
Workshop Recorder
Counseling Center CSC
303 - 351-2483

Mark P. Farrell Jr., M.D.
Associate Workshop Director
Mental Health Clinic
of Weld County
303 - 353-3946

All presentations and open discussions will be held in Room 246 of the College Center.

Group discussions will be held in Rooms 248 A, B, C, and 243 A and B.

Workshop Headquarters (during workshop): Student Council Room, College Center

JULY 19, WEDNESDAY EVENING

3:00 - 5:30	Registration, room assignments Main Lobby, College Center 11th Avenue at 20th Street
5:00 - 7:00	Reception for participants and resource personnel Nelson Residence, 1854 14th Avenue
7:30	Dinner Panorama Room - College Center "The Role of Religion in Student Crises" Reverend Harry Hoewischer, S. J. Director Counseling Services Chairman, Department of Psychology Regis College, Denver
Later	"Games We've Been Playing Since 1966 Workshop: 1966 Workshop Autopsy"

JULY 20, THURSDAY

8:30 "The Role of the College in Student Crises"

Norman T. Oppelt, Ph.D. - Moderator
Dean of Students
Colorado State College

Philip Ambrose, Ed.D.
Vice President - Student Affairs
New Mexico State University, Las Cruces

Lyle D. Edmison, Ph.D.
Dean of Students
California State College at Hayward

Darrell Holmes, Ph.D.
President
Colorado State College - Greeley

William Jellison, Ph.D.
Dean of Students
Fort Hays Kansas State College

William McDivitt, Ed.D.
President
Otero Junior College
La Junta, Colorado

William H. Southard, LL.B.
Trustee
State Colleges of Colorado
Greeley, Colorado

10:00 Break

10:30 Discussion Groups
Participants will be assigned to groups and rooms. Each group will have one member of the preceding panel as a resource person.

11:30 - 1:15 Lunch
Tobey-Kendel Hall

1:30 "The Community and College Resources in Student Crises"

Mark P. Farrell Jr., M.D. (Chairman)
Medical Director
Mental Health Center of Weld County - Greeley

E. A. Van Natta, M.S.W.
Adams County Mental Hygiene Clinic
Adams City, Colorado

Martin Wollmann, M.D., Director
Health Services
University of Wyoming, Laramie

Jack F. Wisman, M.D., Director
North Platte Psychiatric Clinic
North Platte, Nebraska

Louis Barbato, M.D., Director
Health Services
University of Denver

Noel Haukebo, M.D., Director
Western Nebraska Psychiatric Institute
Scotts Bluff, Nebraska

Allen Hodges, Ph.D.
National Institute of Mental Health
Rocky Mountain Region
Denver Office

Harvey W. Schield, D.D.S.,M.S.
Associate Professor of Dentistry
Committee for Student Affairs
University of Michigan, Ann Arbor

3:00 (coffee in group sessions)

Discussion Groups
Each group will have the following resource persons:
Mental Health Clinic Professional
Health Service Professional
Student Personnel
Counselor or Psychologist

4:00 - 5:00 "Homosexual Activities - Symptom or Disease?
Disposition--Legal, Administrative, Therapeutic?"

Mark P. Farrell Jr., M.D.
Medical Director
Mental Health Center of Weld County - Greeley

5:30 - 7:00 Dinner
Tobey-Kendel Hall

8:00 "An Academic Dean Views Students in Crises"

Frank Vattano, Ph.D.
Associate Dean of Arts and Sciences
Denver University

Reactors:

Darrell Anderson, Ph.D.
Assoc. Prof. of Psych.
Colorado State College

Sam Freeman, Ph.D.
Assoc. Prof. of English
Colorado State College

Howard Skinner, D.Mus.
Ass't. Prof. of Music
Colorado State College

JULY 21, FRIDAY

8:30 "The College Student and Faculty in Crises"

Allan Cohen, Ph.D., Counseling Center
University of California - Berkeley

10:00 Break

10:30 "The Drug Trip - A Round Trip or One Way?"

Allan Cohen, Ph.D.

John S. Healey, LL. B. Director
Denver Drug Abuse Control Unit
Federal Food and Drug Administration

Alan Frank, M.D., Staff Psychiatrist
Health Service
University of Colorado
Boulder, Colorado

11:45 - 1:15 Lunch
Tobey-Kendel Hall

1:30 "A Humanistic View of Personnel Work"

Eugene Koplitz, Ph.D., President
Student Personnel Association for Teacher Education
Professor of Psychology
Colorado State College, Greeley

2:10 Discussion and Questions

2:30 Break

3:00 "Love - College Style:
Sex, Pregnancy, Abortion, V.D."

Roy Shore, M.D.
Vice Chairman of Abortion Bill Committee
Colorado House of Representatives
Greeley, Colorado

James M. Mueller, M.D.
Obstetrics and Gynecology
The Greeley Medical Group - Greeley, Colorado

Richard Alley, M.D.
Medical Director, Health Services
Colorado State University - Fort Collins, Colorado

Gerald E. Puls,, M.D.
Health Service
Colorado State University - Fort Collins, Colorado

5:00	Leave for "Mountain Seminar" (directions to be announced)

JULY 22, SATURDAY

9:00	"Counseling and Counseling Centers What Role?" Panel of Participating Counselors Ted Nelson, Ph.D. Director Counseling Center Colorado State College - Greeley, Colorado
10:00	Break
10:30	"Self-Destructiveness, Psychic-Masochism and Students in Turmoil" Mark P. Farrell Jr., M.D. Medical Director Mental Health Center of Weld County - Greeley
11:45 - 1:15	Lunch Tobey-Kendel Hall
1:30	The Team Case Study Approach Bernard C. Kinnick, Ed.D., Staff Counselor Counseling Center Colorado State College - Greeley, Colorado
2:30	Break
3:00	Summary Reports on Case Studies
4:00	Adjournment of Workshop

LIST OF PARTICIPATING COLLEGES

1. Adams State College
   Alamosa, Colorado
2. Air Force Academy
   Air Force Academy, Colorado
3. California State College
   Hayward, California
4. Casper College
   Casper, Wyoming
5. Chadron State College
   Chadron, Nebraska
6. Colorado College
   Colorado Springs, Colorado
7. Colorado Mountain College
   Leadville, Colorado
8. Colorado School of Mines
   Golden, Colorado
9. Colorado State College
   Greeley, Colorado
10. Colorado State University
    Fort Collins, Colorado
11. Fort Hays Kansas State College
    Hays, Kansas
12. Fort Lewis College
    Durango, Colorado
13. Kansas State College at
    Pittsburg, Kansas
14. Kansas State Teachers College
    Emporia, Kansas
15. Kearney State College
    Kearney, Nebraska
16. Lamar Junior College
    Lamar, Colorado
17. Loretto Heights College
    Denver, Colorado
18. McCook Junior College
    McCook, Nebraska
19. Mesa County Junior College
    Grand Junction, Colorado
20. Metro State College
    Denver, Colorado
21. New Mexico Military Institute
    Roswell, New Mexico
22. Northeastern Junior College
    Sterling, Colorado
23. Otero Junior College
    La Junta, Colorado
24. Rangely Junior College
    Rangely, Colorado
25. Regis College
    Denver, Colorado
26. Roswell Community College
    Roswell, New Mexico
27. Southern Colorado State College
    Pueblo, Colorado
28. Temple Buell College
    Denver, Colorado
29. Trinidad State Junior College
    Trinidad, Colorado
30. University of California
    Berkeley, California
31. University of Colorado
    Boulder, Colorado
32. University of Denver
    Denver, Colorado
33. University of Michigan
    Ann Arbor, Michigan
34. University of New Mexico
    University Park, New Mexico
35. University of Wyoming
    Laramie, Wyoming
36. Western Wyoming Community College
    Reliance, Wyoming
37. South Dakota School of Mines
    Rapid City, South Dakota (Alt.)

RESOURCE PEOPLE FOR EXPERIMENTAL WORKSHOP IN EMOTIONAL PROBLEMS OF COLLEGE STUDENTS

July 19 - 22, 1967

Richard Alley, M.D.
Medical Director, Health Services
Colorado State University
Fort Collins, Colorado

Philip Ambrose, Ph.D.
Vice President, Student Affairs
New Mexico State University
Las Cruces, New Mexico

Darrell Anderson, Ph.D.
Associate Professor of Psychology
Colorado State College
Greeley, Colorado

Lewis Barbato, M.D., Director
Health Service and Psychiatrist
University of Denver
Denver, Colorado

Howard L. Blanchard, Ed.D.
Professor of Guidance
Colorado State College
Greeley, Colorado

James Bowen, Ed.D.
Assistant Dean of Students
Colorado State College
Greeley, Colorado

Allan Cohen, Ph.D.
Counseling Center
University of California
Berkeley, California

Harry Collins, Ed.S.
Director of Student Aid
Colorado State College
Greeley, Colorado

Jane Dollar, R.N.
Director of Health Services
Colorado State College
Greeley, Colorado

Lyle Edmison, Ph.D.
Dean of Students
California State College
Hayward, California

Mark P. Farrell, Jr., M.D.
Medical Director
Mental Health Center of Weld County
Greeley, Colorado

Alan Frank, M.D., Staff Psychiatrist
Health Service
University of Colorado
Boulder, Colorado

Sam Freeman, Ph.D.
Associate Professor of English
Colorado State College
Greeley, Colorado

Bernadine Graham, M.A.
Coordinator of Residence Halls
Colorado State College
Greeley, Colorado

Noel Haukebo, M.D.
Director
Western Nebraska Psychiatric Institute
Scotts Bluff, Nebraska

John S. Healey, Director-Denver Office
Drug Abuse Control Unit
Federal Food and Drug Administration
Denver, Colorado

Duane Henderson, M.A.
Registrar
Colorado State College
Greeley, Colorado

Allen Hodges, Ph.D.
National Institute of Mental Health
Rocky Mountain Region
Denver Office

Harry E. Hoewischer, S.J., Reverend
Director of Counseling Services
Regis College
Denver, Colorado

Darrell Holmes, Ph.D.
President
Colorado State College
Greeley, Colorado

Bill Jellison, Ph.D.
Dean of Students
Fort Hays Kansas State College
Hays, Kansas

Bernard C. Kinnick, Ed.D.
Staff Counselor, Counseling Center
Colorado State College
Greeley, Colorado

Eugene Koplitz, Ph.D.
Professor of Psychology
Colorado State College
Greeley, Colorado

Arno Luker, Ed.D.
Chairman, Department of Psychology
Colorado State College
Greeley, Colorado

William McDivitt, Ed.D.
President
Otero Junior College
La Junta, Colorado

Gary Miller, M.A.
Director of Admissions
Colorado State College
Greeley, Colorado

James M. Mueller, M.D.
Obstetrics and Gynecology
The Greeley Medical Group
Greeley, Colorado

Theodore M. Nelson, Ph.D.
Director, Counseling and Testing
Colorado State College
Greeley, Colorado

Norman T. Oppelt, Ph.D.
Dean of Students
Colorado State College
Greeley, Colorado

Arthur Partridge, Ed. D., Chairman
Dept. of School of Administration
Colorado State College
Greeley, Colorado

Gerald E. Puls, M.D.
Medical Staff
Colorado Health Service
Fort Collins, Colorado

Claire Quinlan, Ph.D.
Ass't Director, Counseling and Testing
Colorado State College
Greeley, Colorado

Harvey W. Schield, D.D.S., M.S.
Associate Professor of Dentistry
University of Michigan
Ann Arbor, Michigan

Roy Shore, M.D., Vice Chairman
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Colorado House of Representatives
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Howard Skinner, D.Mus.
Ass't Professor of Music
Colorado State College
Greeley, Colorado

William H. Southard, LL.B.
Trustee
State Colleges of Colorado
Greeley, Colorado

Martha Stanek, M.S.W.
Psychiatric Social Worker
Mental Health Clinic of Weld County
Greeley, Colorado

June Stuckey, Ph.D.
Dean of Women
Colorado State College
Greeley, Colorado

Douglas Stutler, M.A.
Assistant Director of Admissions
Colorado State College
Greeley, Colorado

Gerald Tanner, M.A.
Dean of Men
Colorado State College
Greeley, Colorado

E. A. Van Natta, M.S.W.
Director
Adams County Mental Hygiene Clinic
Adams City, Colorado

Frank Vattano, Ph.D.
Associate Dean of Arts and Sciences
Denver University
Denver, Colorado

Jack F. Wisman, M.D.
Director
North Platte Psychiatric Clinic
North Platte, Nebraska

Martin Wollmann, M.D.
Director of Health Services
University of Wyoming
Laramie, Wyoming

Wednesday, July 19, 1967 7:30 p.m. Session

Reverend Harry Hoewischer, S. J., Chairman
Department of Psychology, Regis College, Denver

"THE ROLE OF RELIGION IN STUDENT CRISES"

In preparing for this evening's talk I found myself in the position of the young father whose six year old boy surprised him one afternoon by saying, "Daddy, where did I come from?" The father said, "Son, you came from the stork." The youngster thought for a while and he said, "Where did you come from?" The father said, "I came from the stork, too." The kid looked a little incredulous and he said, "And grandfather?" And the father said, "Well, grandfather came from the stork, also." The kid thought for a few minutes and then said, "Daddy, do you mean to tell me that no man in this family has lived a normal married life in three generations?"

I'm afraid there may be many here who are more knowledgeable about my topic than I am myself. This whole question of the role of religion in student crises is very complicated.

Because I am a priest and also a college professor I have been interested for many years in the question of just what role religion does play in the emotional life of college students. And because of my psychological orientation I have been especially interested in trying to determine how the religious beliefs and ideals of students influence their emotional crises.

My experience has been that the dynamics of this involvement are particularly difficult to study. Perhaps this accounts for the fact that so little empirical work has been done in this area.

The most recent bibliography on religion and mental health published by the United States Department of Health, Education and Welfare lists so few research articles in any area related to this subject that one could comfortably read all of them in a couple of hours.

Therefore, much of what I will say in this paper has to be based on the insights I have derived from rather extensive counseling work with college students in crises.

The whole question of the role of religion in student crises seems to be a two-edged sword. The presence of the topic on our Workshop Agenda indicates some substantial interest on the part of the counseling and clinical psychologists, college physicians and student personnel officers. On the other hand I attended a meeting of college chaplains two years ago which was devoted to the study of our problem in reverse: the role of emotional crises in students' religious beliefs and practices. A number of us from counseling and psychological services had been asked to participate in the meeting with the chaplains to make what contribution we could to the thorny problem. During the first part of the meeting we listened. As the meeting progressed it became clear that the chaplains were rapidly coming to the conclusion that what they really needed to be effective college chaplains was to have some course work, or preferably a degree, in counseling psychology or clinical psychology. At this point a number of us reminded them that we who had been working with students in crises from the counseling and clinical psychological point of view had been unable to solve students' religious problems in these areas. I suggested at this point that if religion was to have any significant influence in the lives of students it would have to be a potent form of religion, not some kind of diluted sociological do-good-ism. I think there is considerable evidence that religion in our society has become diluted. One can listen to sermons in church or turn on the radio and listen to the sermons on Sunday. If you analyze these sermons carefully you note that in very many of them nothing is said about God or the relationship of man to God. Sunday theology has become "socialized." Preachers talk about brotherhood and man's relationships to other men. There is nothing wrong with this, but such is not the essence of theology. It seems that an attempt is being made to solve social problems with theological means. I doubt if theology will be able to do much about delinquency until some changes are made in the structure of society which contributes to delinquency, and this is a sociological task. We have seen considerable efforts being made to solve such economic problems as poverty in our society by using moral means rather than economic ones. It is perfectly true that such problems as delinquency and widespread poverty have moral elements, but these problems are predominately social and economic ones and they must be faced from a social and economic point of view. Our students probably are more aware of this distortion than many of us. Students find it difficult to respect a college chaplain or theologian who manifests serious doubts about the adequacy of his own discipline. And I am willing to predict that our college students will continue to reject religion as long as it is presented to them as a kind of pious social work.

If we look at what has happened to institutionalized religion recently we see some striking difficulties. These difficulties are very apparent in the Catholic Church after the Second Vatican Council. Many of the same difficulties are apparent in Protestant religions in the wake of the work of the World Council of Churches and other regional, national and international church councils.

The explicit purpose of most of these meetings has been to deal with adaptation and change, which is now clearly seen as necessary, if religion is to play a significant part in the lives of men and women. As a result of these meetings there has been considerable change. A great deal of this is for the better. Much of it, however, has met with considerable opposition on the part of the faithful. One of the reasons for this, I think, is that the world is in a state of radical change. Margaret Mead has stated that the most prominent characteristic of our modern age is the change in the rate of change. This is a rather obvious fact.

In the days when religion was a stabilized institution in society it was possible for people to accept change with greater ease, for the stable religion itself always provided something which people could hold onto. It provided a somewhat stable context within which people could work. Stable religion offered man a set of standards or principles on the basis of which he could judge. This provided a point of orientation and direction in the lives of men and women which made it possible for them to endure with greater ease the rapid change that was taking place in other areas of their lives. As soon as the basic structure of institutionalized religion was called into question, and particularly as religious beliefs were questioned, confusion began to produce greater anxiety in religious people. It seems clear that the motivation which impelled people to embrace institutionalized religion was not always a theological one. Perhaps many were impelled by the motive of security. The students in our colleges and universities have been aware of this impure motive for some time.

Professor O'Day, of Columbia University, in his book The Sociology of Religion highlighted five basic dilemmas that are almost indigenous to organized religion. I should like to comment on each of these briefly. The first dilemma which is apt to be characteristic of organized religion is the dilemma of motivation. If one considers carefully the charismatic period in any religion, one ordinarily finds an inspired leader surrounded by a relatively small group of people who come under the influence of the leader. They interact with the leader and by this means develop an insight into his basic ideas, and the religion is born. As the inspired leader passes on or as there is a large increase in the number of followers, institutionalization usually takes place. A structure is developed within which these people can work and live in keeping with the original insight of the inspired leader. Certain types of experiences are developed through which the followers can themselves achieve a degree of participation in the insight. As the numbers grow larger the structure becomes more complicated. And we see a situation take place similar to that which has taken place in colleges in this country. Our academic structure has now become so complex that at times it is difficult to find the student. No college administrators would ever admit that they have lost sight of the student. But if we examine administrative practices we see certain glaring implications. Faculties frequently discuss curriculum without much consideration of the student. We spend long hours in faculty meetings arguing about trivial points of educational philosophy and administration. An example of this that I might cite would be a series of faculty meetings set up to decide whether to call the person who is in charge of a department the Chairman or the Head. It seems that one might settle this relatively trivial problem on anatomical grounds depending on which end of his anatomy you intended the person to use in doing his job! But this is far too simple, so we review the catalogs of all other colleges and universities looking for educational precedent and review the literature in the educational journals and finally end up wasting hours of time on some point totally unrelated to the welfare of the students. After any institution becomes highly structured -- even a religion -- there is a tendency to interpret all behavior in terms of the system - to teach that which is safe and conducive to the establishment. We finally reach the point where our motivation is confused and we're not certain why we are doing what we are doing. This is the problem of mixed motivation.

Then there is the problem of the symbolic dilemma. In any kind of institutionalized religion it is necessary to have a cultic representation in the religious group. If you have a Christian group, and if it is going to be truly Christian, then somehow you have to have Christ present in this group. The least that can be done is to do this by a symbolic representation. This immediately introduces the problems of symbols, rituals -- liturgy, if you will -- which articulates the attitudes and feelings of the worshippers and molds their personal dispositions. Now this experience is helpful. It gives people a feeling of continuity. Formerly, before any changes were made in the Roman Mass, Catholics felt a great sense of satisfaction in attending Mass in a distant place or a foreign country because the Mass was always the same. It was celebrated with exactly the same gestures and symbols-- in the same language. It made no difference to Catholics that the language was unintelligible to them at home or abroad. They had become familiar with the unfamiliar and even though they did not understand, they had a sense of security in the sameness. The problem is that this was never the function of the Mass. The Mass was never intended to unify people around certain unfamiliar symbols. It was intended to unify people through an understanding of the liturgy and a common participation in the Eucharistic sacrifice.

If you continue to use the same symbols over and over they tend to become routine, to be expected. Eventually all resonance is lost between the symbol itself and the feelings from which it originally derived. At this point all meaning is lost. One of the major difficulties with religion in our time, I think, is that our society has changed so rapidly that our college students are no longer in tune with the kind of symbols we use in attempting to propose religion to them. This situation leads almost immediately to alienation. We can see this situation clearly from history. After the Council of Trent, when Catholic liturgical practice became stabilized, the original meanings of many of the symbols were lost. When this happened churchmen had to find some way to explain the symbols. In certain places in the Catholic liturgy, for example, it is prescribed that the celebrant of the liturgy should wash his hands. If you look through many of the prayer books and missals of an earlier period you will find all sorts of explanations as to why this was done.

One book I consulted related this to the action of Pilate washing his hands after he had pronounced sentence on Christ. Very simply, this is an untrue, elaborated explanation. At any time in the liturgy when it was prescribed for the priest to wash his hands it was due to the fact that the priest had just done something which might cause his hands to be dirty. For example, in the early church the people brought gifts -- the bread and wine used in celebrating the Eucharistic liturgy. At a given point in the Mass the priest received the loaves of bread and the bottles of wine from representatives of the congregation. Often enough the bottles and boxes were dirty, so before proceeding with the Mass the priest washed his hands. The later rigidity of the liturgy precluded dropping this symbol when the priest no longer received the gifts from the people. And since the symbol had become meaningless, other explanations were devised. These explanations complicated the issue to the point where neither the celebrant nor the people understood what the priest was doing, and there was developed what Professor O'Day calls the "charisma of the obscure." I think this kind of thing has happened in many religions. As a result organized religion is not very meaningful to our students today, and the loss of meaning has given rise to protest, much of which we see on our college campuses.

Then there is the dilemma of administrative order. When you reduce the original charismal insight to the routine you get a rigid organization and a bureaucratic structure. It becomes distinctly possible to get so concerned with getting things done that one forgets the insights which are being communicated. This leads to a situation in which Bishops become alienated from the clergy, the clergy become alienated from the people, and the people are alienated from Bishops and clergy. Then we see in bold relief the problem of administrative structure.

This has been, I think, historically a sizeable problem. Many of our students see this much better than we do. Students see implications in problems which we, as a matter of fact, ignore. An example of this is the problem of church-state relations. This is a very sensitive subject which has, in the practical order, very little to do with religion imposing itself on governmental practices or vice versa. I think the danger lies in the fact that the state needs the church and, in many cases, the church needs the state. Frequently enough the state uses the church. If you have a very religious group of people living in a country you can appeal to these people in matters of state concern on the basis of their religious motivation. Note, for example, the effort that has been made by the President of the United States to appeal to priests, ministers and rabbis of this country to aid in controlling the riots resulting from the racial situation. The fact that there is racial inequality in this country is, itself, a social problem with which the government has an obligation to concern itself. I have no objection to the church exerting its influence in controlling violence; but I suspect that if it were possible for the clergy of this country to eliminate completely the riots, little further governmental concern would be given to the problem. In this sense the state does need the church. On the other hand, I think that the church sometimes feels that it needs the state. Frequently parochial schools are interested in federal aid, to cite one example. As a result of these mutually dependent needs, neither government officials nor members of the church hierarchy want to make waves. Everybody tends to avoid certain issues. This presents problems to our students.

Certainly it was not the churches, with their ethics and their morality, who took a strong stand regarding the labor problems of the early 30's. Certainly it was not the churches who played any great part in rectifying social injustice in the race problem. Many of our students resent this stance of the church bitterly. They say that religion, and particularly the Christian religion, with which I am most familiar, ought to represent a way of life. If we feel it is so significant, our students feel it should influence our principles. In other words, they think that if we are sincere about being Christians we will live Christian lives. Unfortunately they do not see flagrant examples of sincere Christian living in their environment. Our students are well aware of the difference between theology and social work. I personally believe that most of them respect both. But I doubt very much if any of them would have great respect for a diluted form of either or a mixture of both which was fashioned for the motive of expediency.

The next problem that is apt to occur in institutionalized religion is the dilemma of delineation. There has been a tendency on the part of many to concretize everything. Many want a set of rules of thumb which will assure them salvation. This oversimplification is bound to cause trouble. It involves a substitution of the rule for the spirit. St. Paul saw this fallacy and he wrote, "The letter of the law kills but the spirit gives life." In organized religion we can, and frequently do, concretize; and the result of this is a kind of infantilization. By this I mean a kind of substitution. You know examples of people who put St. Christopher medals in their car and then drive 100 miles an hour. This has nothing to do with religion but a lot of people think it does, and they feel irrationally comfortable in doing this. When we have a set of specific rules and regulations which we can observe we tend to overlook the personal obligations arising from them.

Finally, there is the dilemma of power. There have been too many instances in the past of trying to coerce people to believe. One doesn't need much experience with students today to realize that they refuse to be coerced into anything. As much as they like to eat, they will not do it if you tell them they have to. It must be admitted that some exercise of power is obviously necessary in any institution. And I certainly uphold this with regard to religion. If the religion is a dogmatic one, there must be sufficient power to keep the dogma intact. But we must also admit that if the religion is true it should be sufficiently viable to confront the problems with which people live and with which they have to deal. The difficulty with power is that it is so easy to overextend it. It is so easy to use power for some other purpose than it was originally intended. Politicians must exercise power for the common good, but it is a misuse of power for a politician to call a college president to see about getting some youngster in school who obviously doesn't meet the entrance requirements. We have seen evidences of the misuse of religious power, also. The students on our campuses are very aware of this.

Many of these problematic situations have arisen because religious-minded people have not maintained an intellectual interest in theology and religion which is equal to their emotional involvement. Students in our colleges and universities are now being taught and encouraged to question all aspects of their lives -- including their religious beliefs.

Nevitt Sanford has said that training tends to make people more and more alike. The better a person is trained to put nuts on bolts, the more he will be like all experts trained in putting nuts on bolts. But education, says Sanford, is a process which is ordered precisely to making each of us different from everyone else. Education enables us to develop and use our own unique talents and abilities. Education encourages a man to reflect on himself and to probe his environment in a questioning and challenging way. There is considerable evidence that many of the students on our campuses are profiting from their educational experience. It is my sincere conviction that institutionalized religion can no longer depend on a simple, catechetical instruction for any significant help in bringing young, well-educated people to religious insights.

Another aspect of the general problem which must be considered is that of faith. If faith is necessary in organized religion as we know it, and I think it is, then it is a great mistake to sweep this fact under the rug. There are many people in this country who associate themselves with a religion without embracing the beliefs of that religion -- and, at times, without even knowing what these beliefs are. Our students perceive such situations and consider them to be irrational and hypocritical, which indeed they are. They object strongly.

I am not a college chaplain; but I deal with large numbers of students, many of whom are Catholics, many of whom are Protestants, Jews, Buddists and the like, even atheists. In my years of experience I have not encountered anything resembling an organized resistance to religion among young people. I have found that college students object not so much to religion as to hypocrisy and irrelevance in the lives of so-called religious people. They resist not the legitimate demands of the practice of religion, but meaningless restrictions on their liberty, and excessive concern with safety and expediency. In spite of its rigorous demands, the Peace Corps does not seem to be suffering from a lack of volunteers. Most seminaries -- Protestant, Catholic and Jewish -- are. Perhaps this is because we do not ask enough.

A point that I am trying to make is that the problem of presenting religion in a meaningful way to college students is both difficult and complicated. I have been discussing the problem from the viewpoint of religion and religious people. Now I would like to consider some of the views of students themselves. It is not uncommon for students to discuss religion in the process of counseling -- at least this has been my experience. I think that perhaps some of their reflections may add a new dimension to our consideration.

Frequently students in counseling will say to me, "Father, religion just doesn't say anything to me." All of us here are well aware of the fact that students are deeply concerned with the idea of communication. All of us here are aware, and many people resent the fact, that our students are attempting to create a personalistic world in which communication is of prime importance. In spite of the fact that our society is becoming more mechanized, some reflection will indicate that there is a counter thrust of personalism in the world of adult intellectuals as well.

In philosophy, for example, we have seen the development of existentialism. In spite of the fact that few professional philosophers have concerned themselves seriously with this development; this philosophical system is, nevertheless, exerting great influence in the lives of many intelligent men and women today. While professional philosophers seem to be intensely interested in symbolic logic, linguistics, and in finding ways of expressing reality in mathematical concepts, a great many other people are increasingly concerned with man himself. The result is that professional philosophers are not affecting, to any great extent, the thinking of people in general today -- and certainly not the thinking of our college students. My impression is that in the formulation of their personal philosophies of life, our college students are being more heavily influenced by the thought of literary figures, social scientists and political theorists than by philosophers. I am convinced that Ayn Rand is more influential in the intellectual lives of students than is Wittengenstein. And certainly more students are reading the Thoughts of Chairman Mao than are reading the Summa of Aquinas.

One can also detect a new personal dimension in the area of national and international politics. The major effect of the Kennedy-Nixon TV debates in 1960 was not that the viewing audience developed a greater interest in political postures of the candidates. It was that the audience developed a greater interest in the persons of the candidates. The effect was personal. The same personalism is evident in international politics as well. The takeover of any major nation by a new president or prime minister is soon followed by a flurry of state visits to establish the possibility of personal communication. Contrast, for example, the fury of work in the diplomatic chancelleries of Europe on the few days immediately preceding the outbreak of World War I with the use of the hot line between the White House and the Kremlin in the recent Arab-Israeli crisis in the Middle East.

In psychology, in spite of the respect paid to the behaviorists and other proponents of determinism, the self-theorists, the self-actualization theorists, and the humanistic psychologists are becoming increasingly influential in shaping the psychological thinking of very many of our students.

In theology the personal dimension is also evident. Martin Buber's concept of the I-Thou relation has had a sizeable impact. The personal relationship between Christ and the Christian is receiving new emphasis in theological developments both in Europe and America.

In view of such developments as these in our society, I do not think it unusual that we find our students increasingly concerned with the personal elements in their lives and environments. At the expense of great effort, they are trying to personalize most, if not all, the components of their lives. This struggle was brought home to me very clearly last semester. One of the students had come to the Counseling Services as a result of some severe problems he was having in the area of interpersonal relations. He was very depressed and withdrawn. One evening he attempted to commit suicide. Before his attempt he wrote a poem and mailed to me. While not great literature, the poem does illustrate the point I am trying to make. The poem read:

> The world is a place of many dreams,
> But none come true, or so it seems,
> For a man's single task in life's to be
> A serving of God respectfully.
>
> But what is God? The Universe.
> A nebulous answer, and what is worse,
> It's a fact untold, and it's a shame
> That we never know God by His first name.

A great part of this student's problem is implied in the last two lines of this poem. This client had had thirteen years of religious training, but he had never experienced an awareness of his personal relationship with God. Religion did not "say anything to him."

Another student -- one of the most intelligent students I ever worked with -- told me in a counseling session, "To me, religion is like Linus' blanket. It is a convenient source of security which I use from time to time." Somewhere, somehow this student had gotten the idea that religion is supposed to be a secure experience, and it was not very meaningful in his life. As a matter of fact, religion is not supposed to be a panacea for insecurity. If it is genuine, it will undoubtedly produce considerable anxiety in the religious person. But for some reason, and I suspect the reason deals with our own unconscious personal needs, we have tended to present religion to many students as a comfortable thing.

In contrast to this, there are parents who make a positive effort not to teach their children anything about religion. They say that when their children are older they should be able to decide for themselves which religion to accept or whether to accept any religion at all. Parents may perceive this mode of behavior as an exercise in democracy, or personal consideration for their children's freedom, or what have you; but I submit that most young people perceive such an attitude as a lack of concern on the part of parents for religion. They are very apt to feel that their parents simply do not care enough about religion to try to convince them that there is any merit in it at all.

Anyone who teaches or deals with young people knows how important it is for them to have good role models. The students themselves are very concerned about commitment. When they see their role models with no religious commitment, it should not be surprising that many dismiss the notion of religion as unimportant.

One way, of course, to avoid the difficult task of trying to communicate religious ideas to young people is to contend, as many do, that these people have no interest in theology or religion. I simply do not think that there is any substantial evidence to support such an assumption. This is, as far as I can see, a rationalization.

Recently a student came to see me who was having some rather severe problems getting along with others. His difficulties had become so pronounced that he was referred to the Counseling Services by the director of the residence hall in which he lived. One day he came for his regular appointment with a smile on his face and with more enthusiasm than he had manifested in any previous session. He said to me, "Well, Father, I've got it all figured out. My problem is bound up with the Trinity. I have finally figured out a theory of the Trinity that works." I was rather interested in this because the Trinity is a difficult concept to understand, and I asked him to explain. Here's what he said, "I have been reading Aristotelian Philosophy. I can understand Aristotle's contention that every effect must have a cause, and that consequently there must be a first cause. I think this first cause is the Father. And Aristotle says that the cause is always contained somehow in the effect. This is therefore the expression of the Father. This is the Word, or the Son." Then he said, "If I look around I see that all other people have been caused by this first cause, and I see that this we have in common. The realization that we all have been made by a first cause is the Spirit." Then he said, "What do you think about that?" I replied that dogmatically it is heresy but if it helped him psychologically it might be worth his spending some time thinking about it.

When I was his age I had many problems, and I suspect that many of you had problems, too. It never occurred to me to try to solve these problems by developing a theory of the Trinity, and I doubt that it occurred to many of you.

The point I am trying to make here is that I think these youngsters are much more concerned about ultimates than many of us give them credit for being. And I further submit that one of their major problems is due to the way in which they perceive religion and religious people.

One point on perception -- the way our students perceive religious role models -- intrigued me, so I did a survey among some of the students of Regis College to determine how they perceived priests. The sample contained 100 random students selected from the college population at Regis. The sample was not sufficiently valid to draw any definite conclusion from it, but I think it may well be indicative of the way young people feel. The students in my Social Psychology class actually did the interviews and the statistics. We divided the sample into students from the East and students from the West, with the Mississippi River being the dividing line. Then we considered separately the students who had come from Catholic schools in the East and those from Catholic schools in the West. Of the students sampled 75% from the public schools thought that priests were intelligent; 30% from the East thought priests were intelligent and 79% of the students from the West thought priests were intelligent. Of the students from public schools, 75% thought that priests were religious; of the students from Catholic schools in the East 50% thought they were religious and 36% from Catholic schools in the West held this opinion. Of those students who thought that priests were understanding (and I would think that if you deal with college students very much you would consider this to be very important) 63% from the public schools thought priests were understanding, 30% from Catholic schools in the East and 29% from Catholic schools in the West held this opinion. Fifty per cent of the students from public schools thought that priests were competent as contrasted with 40% of students from Catholic schools in the East and 43% from Catholic schools in the West. The next statistic is one that I feel is very significant. We asked the students if they thought that priests were honest. We wanted to know if they felt that priests dealt with them in an honest way and were willing to say, "I don't know," if they were at a loss for a solution to a student's problem. Thirty-eight per cent of students from public schools felt that priests were honest; 30% from Catholic schools in the East and 43% from Catholic schools in the West thought that priests were honest. Only 13% of the students from public schools felt that priests were approachable as compared with 50% from Catholic schools in the East and 29% from Catholic schools in the West. At the end of the checklist the students themselves introduced an interesting point. They had asked at the beginning of the list whether they thought priests were intelligent. At the bottom of the list they asked whether or not they thought priests were intellectual. While 75% of the students from public schools thought priests were intelligent, only 25% thought they were intellectual; while 30% from the Catholic schools in the East thought priests were intelligent, 40% felt they were somewhat intellectual. In the West, while 79% thought that priests were intelligent, only 29% thought they were intellectual.

Now I dare say that if you did this kind of a study to determine the attitudes of students toward the clergy of other denominations you might find very similar results. When I showed the results of this survey to a number of priests, all were surprised. I think there is some evidence that perception is a problem in presenting religion.

Finally, in closing I would like to relate one further experience I had with students regarding religion. Last year I went with a group of college students to the Trappist Monastery at Snowmass for a retreat. A retreat is a period of some days in which people set aside their daily work and, sometimes with the help of a director, spend time reflecting on their own lives and considering their basic religious values. For this experience we had gone to the Trappist monastery. The Trappists are, themselves, interesting people. They are monks who devote their whole life to prayer and penance and manual labor. They rise very early in the morning and spend long days in total commitment to God. We had gone to the Trappist's because the students had wanted to go there and had, themselves, made the arrangements. During the three days that we spent there I gave the students some conferences and we had some discussions. We also had an opportunity to tour the Monastery and to be present in the chapel when the monks celebrated the liturgy. It was, indeed, impressive. These men live a life of silence in which they rarely talk to anyone. Their whole life is devoted to contemplation and to exploring their own relationships with God. When we were ready to leave I asked the students what they thought about the experience. To a man they thought it was great. I asked them if they would like to stay. One of the students told me that he didn't think it was for him, but he added that for the first time in his life he felt that he had seen someone who was really serious about religion. One of the others remarked that his father sold houses and that if someone called his father at ten o'clock at night and wanted to buy a house, his father went immediately to make the sale. Then he added that he just didn't see very many people who were as serious about religion.

What I am trying to say is that my experience has led me to believe that students are concerned about religion, and that they want it to be a personal experience. They also demand that those who propose religion to them as something of significance and value manifest in their own lives a commitment to these values. It is true that family influence on children is being weakened and that children accept fewer values on the strength of their parents' beliefs than was probably true in the past. Our students today are less concerned with vicarious experiences, even in the process of education, than may have been true in earlier years. It seems that our students now demand actual involvement. They are no longer satisfied with learning about race problems in class, for example: They want to be involved in demonstrations. They want to see other people who are not only concerned, but also involved. My conclusion from all of this is that if we are going to make religion a meaningful force in the lives of our students, we will not do this by merely providing college chaplains with courses in psychology. We will do this by recognizing the true nature of theology and of religious experience and presenting this to our students in a relevant, authentic and meaningful way.

Thursday, July 20, 1967 8:30 a.m. session and following discussions

Norman T. Oppelt — Panel Moderator
Panel:
Lyle D. Edmison
William McDivitt
Philip Ambrose
Darrell Holmes
William Jellison
William Southard

"THE ROLE OF THE COLLEGE IN STUDENT CRISES"

Oppelt: This morning our topic is the role of the college in student crises and we're concerned more with the individual student than we are with the often discussed topic of student demonstrations and sit-ins and, you might say, group crises. We're concerned, I believe, with individual crises that students experience and, of course, this is related to Father Hoewischer's speech last night concerning the role of religion in student crisis. As Dr. Nelson said, we've got a group of people here that have had considerable experience dealing with students from various points of view of education. These persons were selected because of their particular interest in the individual college student and his welfare.

I would like to introduce the members of our panel. On my extreme left is Mr. Bill Southard, who is an attorney in Greeley and is a trustee of the state colleges in Colorado. Our five state colleges are under one board of trustees. Mr. Southard is a member of that board and is the chairman of the committee for Colorado State College. Would you please stand up, Bill. Thank you. Next to Mr. Southard is Dr. Philip Ambrose, Vice President for Student Affairs at New Mexico State University which is located at Las Cruces, New Mexico. Next to Dr. Ambrose is Dr. Lyle Edmison, Dean of Students, California State College at Hayward, California. On my extreme right is the President of Colorado State College, Dr. Darrell Holmes. Next to Dr.

Holmes is Dr. William McDivitt, the President of Otero Junior College at La Junta, Colorado. We have the junior college group represented. The last member of the panel is Dr. William Jellison, who is Dean of Students at Fort Hays State College, Fort Hays, Kansas. We're very pleased that these people could take time to be with us here today. I think the reason I got the position of moderator was that it was a nice way to keep me quiet since the moderator doesn't have the responsibility of saying too much.

I would like to start off the panel this morning by asking Dr. Edmison if he would briefly say a few words concerning his point of view on the role of the college in student crises. Then we'll ask the other members to make some introductory remarks. Then we hope to get the discussion going here, and we would encourage all of you to ask questions of the panel members. I would like to turn the discussion over to Dr. Edmison.

Edmison: I'm not sure what kind of game we're playing this morning, but I think Ted Nelson reached a new high in unstructured group gatherings. I had two or three long distance telephone calls with him wanting to know exactly what am I going to do here and he refused to give any direct answers to that question. Last night, over that excellent punch at the Nelson's, I asked what he had in mind for tomorrow morning and he said, "How about another cup of punch." So it comes just about as unstructured as it can possibly be and I suppose in a sense that's my way of apology for whatever happens in the next hour and a half. I've had an opportunity to meet a number of you. I've enjoyed that, and I look forward to meeting the rest of you that I have not yet met. I find that there is always a question of where is Hayward, California. Well, it's on the map. It's a small community that is growing rapidly. It had a population of about 14,000 in 1950 and now has a population of 92,000. It's on the east side of that beautiful piece of real estate known as San Francisco Bay. It's about thirty minutes at the right time of day from downtown San Francisco and at another time of day it's about two and one half to three hours by what California laughingly calls a "freeway". This bit of geography is important in the sense that it colors the things I'm about to say. The college for which I work is a commuter college and we have very few students in residence. Therefore, the kinds of crises we have and the kinds of services that we render students on campus are somewhat different from the traditional college campus here in the Midwest with the possible exception of the metropolitan area of Denver. I am a Midwesterner by birth and by education so I have considerable identification with problems on campuses in this area. I thought it might be well to kick this off by presenting more of our biases and suggesting what I feel the role of the dean of students is on campus and in particular how I've tried to identify my role on our campus. Contrary to what you may have heard, the dean of students is not just the director of wild life management, but the individual who tries to assure the faculty, particularly the president, alumni, and trustees that any of the students are good enough to marry their daughter or their son.

We deans of students have numerous assignments within the purview of this seminar and I'll try to enumerate a few. After listening to Dr. Farrell and others in last night's "autopsy session" remark about what happened last year I thought, "Well, what in the world can I say that might fit?" One of the things might be, "What is the role of the dean of students?" This panel is dedicated to the role of the college in student crises as opposed to the individual role of any of us as therapists or other things we might be called. One of these roles, I think is that of chief spokesman for the student to the faculty, administration and to various boards. In other words, we represent the student culture to the administration. We try to defend and to identify it for them. We speak on behalf of the students in student government in the college. This of course gets in the way of some of our relationships with individual students, now and then, but we make an effort to serve this role.

Secondly, we are considered a piece of the college administration and that in itself is enough to alienate some faculty members. For those of you away from the campus for some years, typically a student services area has admissions, records, placement, health services, activities, financial aids, foreign students, testing and counseling. We are, as administrators, arbiters of issues that develop within our various units, and we try to solve these problems as they develop among personnel. We are executives in the sense of trying to facilitate staffing and operating expenses for our units and encouraging innovation and making an effort to develop a progressive type of program of student services that best serves the particular college at which we work. We interpret the student culture on the campus to everyone and conversely interpret the college to its various publics. This we do through the occasion of individual conferences with prospective students, with their parents and also with the various speaking engagements that we're called upon to accept throughout the year.

The dean of students has another difficult role because he usually is the college disciplinary officer. This can get in the way of his role as a mental health practitioner. We're expected to administer the college disciplinary program usually by delegation from the president since he usually can't escape that responsibility. This discipline often involves in-class discipline in the nature of student academic dishonesty and certainly always involves the out-of-class disciplinary problem, whether it be on campus or out in the community.

Well, how can you be both a prosecuting attorney and a disciplinarian, a judge that sentences students, and also have the kind of compassion that's essential to fulfilling a mental health role? This is the schizophrenic position that some deans of students have difficulties resolving, and certainly I number myself among these. We can't escape the fact that we're mental health practitioners and some of us have been trained in this area. Others of us are laymen trying to become mental health practitioners. Finally, we like to think of ourselves as educators and this is, after all, the role of the college, to educate young people for service to society beyond the campus.

Last night one of the problems that the group which remained after dinner for the autopsy focused on was the problem of communication. I would certainly like to underline it and would like to have carried on that discussion last night but it wasn't the time to do it, nor am I sure that right now is the time to do it. I'm mentioning these things in passing, with the notion that we probably will discuss them more today and certainly in the conference. We cannot effectively communicate to the faculty the kinds of services available, and Professor Freeman was decrying this problem last night in the autopsy. I certainly support his position and agree with him one hundred per cent. Now, I'll try to illustrate why I think we can't communicate to the faculty the services available for the students who find themselves in crises and the kinds of crises in which students find themselves. Note that those are two different things.

First of all, there is a very obvious problem of the absentee professor, I don't know whether your campuses are afflicted with this as much as ours, but it seems to be a huge problem for us. He's absent from student contact. He meets his classes, to be sure, and this he does well, He will hang a sign outside his door and award four of his precious hours during the week to student contact, but then may do his best to miss these by having a cup of coffee over in a distant cafeteria. We aren't able to communicate with this professor, if he's not around. He would prefer to be in his lab or, as we say in California, "He would prefer to be out pruning his roses." As soon as one achieves full professor status there, he becomes a rose specialist. I think we have difficulty in communicating to the professor because he doesn't have a lot of time. His time is usurped by committee assignments or by off-campus commitments.

One of the ways we try to solve the problem is by a program of what we call student personnel office reports or SPO reports. In the last five years we've averaged twenty of these a year, or by now about one hundred different kinds of student personnel reports interpreting the students to the faculty through psychometric indices and program descriptions. These have ranged from two page reports up to probably forty page reports. They go to everyone on campus with administrative responsibility. We find little evidence that they have ever been read.

We also have practically a non-existent advisement program. We've been unable somehow to stimulate our professors to become interested in traditional academic advisement. In my book, I think there isn't a better opportunity to get to know these young majors in one's area, to encourage them to follow the field, and to explain to them the vocational opportunities that they have. But it hasn't worked. We have a number of professors saying, "Let them read the bulletin. If they can't read the bulletin, well then they don't belong in college." But I submit to you that the average faculty man and certainly even some college presidents don't understand the college bulletin. They're not written for ordinary comprehension, and we seem to prefer to cloak them in an aura of mystery abetted by academese. I think advisement is an area where we could identify students with individual crises, if the faculty would take the opportunity to get to know their advisees better. But many, if not most, do not. I can't explain why this occurs.

We thought in student services that we really had a brilliant idea, a little over a year ago. We went to the instructional area of the college and we said, "Look, wouldn't it be fine if we installed a program called Improvement of Instruction?" After all, we spend a lot of time finding the right kind of professor in a particular discipline, and we don't take enough time to recognize that this professor who has been well trained in political science or economics, or what have you, really knows very little about being a college professor. One of those little sayings that one comes up against now and then goes, "The occupation of college professor is the only profession for which no prior training or experience is necessary." We prepare an individual in depth in his field but we give him very little information about how to teach and practically none on how to evaluate students. In this area, it's a little frightening especially when one, as you are aware, sees the consequences of haphazard or capricious evaluation. The impact of an "F," especially when it's an unjust "F," can be enough to send the student to the hospital. I see far too many results of capricious, irresponsible evaluation procedures on the part of the faculty. So, we thought, we can get a program of Improvement of Instruction started and bring in the faculty and talk to them about this area of concern and also sell the notion of how to identify the student in crisis, particularly to impress upon them the possible consequences of poor examination construction and poor evaluation techniques. Another fellow and I spent quite a bit of time preparing for the program. We built a nice little manual; he and I were to be instructors of the program. We had the blessings of everyone and it was widely publicized. We ran it during the noon hour with a "bring your sack lunch or tray, either one, sit around and we'll talk about these problems." It wasn't, we didn't think, threatening. It was in a conference room and we gathered around a table. Out of a faculty of four hundred, we got three professors interested in improving instruction. And those were three who didn't need it. Well, these examples serve to underline the need for improved communication as activity ancillary to the problem of the student in crisis and how the college may approach him. Some members of the campus often lose sight of the fact that on any campus of five thousand or twenty thousand students we have in effect a small community. There is no reason at all to believe that these academically selected students are any freer from mental illness than any other community of five or twenty thousand, and yet there are faculty members, administrators, lay people concerned about colleges who do not understand that. Not only would one expect to find the normal range of disabilities, but imposed upon this normal range is the constriction created by a sometimes highly autocratic, highly structured life with which some personalities find it most difficult to cope. When the student hits college for the first time and experiences the idea of independent living, independent responsibility and at the same time encountering an instructor who is king in the classroom, it's not at all surprising that crises develop.

Well, these I think are some of the aspects of the colleges' concern, or ought to be, about the student in crisis and I'm sure that the other members of the panel this morning will take off from various aspects of them. I'd like to discuss on any one of them in greater length. If I don't get the opportunity again, I'd like to commend those of you at CSC in Greeley for your concern in this area and for what appears to be an excellent program. Certainly last year's was, from reading it. I hope that you stimulate those of us who are visiting to do the same sort of thing in our area. Thank you.

Oppelt: Thank you, Lyle. I'd like to now ask Dr. McDivitt from Otero Junior College at La Junta if he would give the point of view of a junior college president concerning what he feels is the college role in student crisis.

McDivitt: Thank you, Dr. Oppelt. The junior college, as most of you people are well aware means many different things to many different people and particularly from state to state. In the state of Colorado we're in a great state of flux because I'm not sure if anyone at this point really knows what the role is. For some time we had a hard time making the fact known that we existed and that we really had a role and now we're looked upon as the Messiah in education in Colorado. All the problems that are currently prevalent in this state are going to be handed to the junior colleges because the legislature said so in this last session. We're going to create some more of them. Of course, money the secondary issue, you understand. Just to give you an illustration of this, they say we need to do more in vocational education and technical education, and this will solve a lot of the problems on campus. They've created new ones; there will be a junior college in Weld County which the people here have elected to establish. By mandate the legislature is going to create a three-campus junior college in Denver and one in Colorado Springs. We have a two campus institution developing on the western slope, as you well know, and all of these are supposed to embrace vocational education, but we got one sixth of the money which was requested for vocational education. So I'm sure that rather than solving problems we'll create some new ones before we get these solved and there will be some frustrated students, I can guarantee you that. I guess I have to be classified for you people the same as my students classify me. I am a "square" according to the students on our campus. There are many ways of finding this out, and there are even some students that will say it to your face, as you know. So this may limit my value to you people in this workshop this morning, but I have an old fashioned remedy for a lot of these problems we have, and it's just a matter of using common sense and doing what we know should be done, but we usually don't devote the energy, effort, and aptitude to getting the job done because sometimes it does take us away from our roses.

I think many students when they come on campus are alone; they're detached; and they're insignificant, and we do everything we can to perpetuate this feeling for some students. This is a beautiful campus that we're on today, the buildings are tremendous, the landscaping is beautiful, and if the quality of that which takes place in the classroom and counseling offices can measure up to it, you'll have the finest institution in the United States of America I am sure. We're great builders of buildings, but I think sometimes we do a poor job of building programs. We can get the structure, but when it comes to getting the horses to get the job done, I think sometimes we fail there. I think the role of the college, junior or senior, in many respects should be one of preventive medicine, if you will. An example, I think, is that we have to have faculty members who genuinely care. Many times as was pointed out, faculty members will say, "Well, by the time they get to college they're on their own. They ought to be able to read the catalog." Well this is an excuse for laziness and very little more.

I think that in order to prevent crises, students are entitled to know what their college professors think, how they believe, how they breathe. I think college professors should be willing to reveal their biases and be willing to state when their bias is a bias and not a fact, because many students in the formative stage, freshmen, are led to believe that whatever the professor says is right. You know the old saying, "They write down everything they hear." Sometimes they have a tendency to believe what they hear. Sometimes they should not.

I think we have to be very good listeners and we're not for the most part. Educators are quite enamored with their ability to make noises before groups and among their peers and colleagues. Actually, many times, students are unable to be heard. I was with a family last night where a nine year old boy was trying to get the attention of his father and it was, "Dad, please," and the conversation went on and I was a part of it and finally the dad said, "What did you want?" and he said, "Well, I wanted to show you that two motored airplane that was four miles back." Now, this gives you an idea, I think, of perhaps some of the audience that we give younger people at times. I think we need to be willing to define goals and objectives in the classroom. I am sure that there are many courses, or many classes that still start every fall without a ghost of an idea what the goal or the objective of that specific class is to be, with very little explanation of this to the students in the classroom. It's a matter once again of beginning to take fragmentary notes to be sure that they can regurgitate and get this type of thing done for examination. Even some people on this campus may be experiencing some of that in some of the classes, and they're still wondering if the course in fact does have an objective. I think these have to be spelled out. No professors should be frightened about telling the truth about his own course.

If he thinks something about it is insignificant, I think he ought to be willing to say so. If there's something of value in the course, I think he ought to emphasize this too.

I think good teaching and good grading, as was mentioned a while ago, flippant "F's," this cype of thing, these are very detrimental to students. This is a matter of common sense. A lot of people do not like to take the time, even if they know how, I am sure, to do an adequate job of evaluation. We get some play back from time to time on transfer students, and of course we can always be accused of sour-graping, you know this is true. We have had students who go on and succeed in spite of their background and have gone on to universities. I can think of several students who went to a university in the Rocky Mountain region in which they had one examination in a history course, for example, and this was the final only. I think it should have been explained to the students at the outset that only one exam would be had, but the students were kept guessing until the waning moments of the quarter. One student who had the temerity to go to the professor and ask why, was told that the IBM test scoring machine was overloaded, was broken down part of the time, and he just couldn't get the examinations scored. Now, I still think it's possible to use the red pencil if this is what it takes to evaluate and a little extra time and some midnight oil. But maybe the roses needed pruning.

I think another place where we can do much to help students is to answer the correspondence that they write to our college, the university or a junior college. I know that even in our own state that sometimes this is a grossly mishandled segment of the college administration. I've had students come to me and say, "Well, I sent for this, or I sent for that." It goes even into placement, we frustrate them clear through placement at times.

I think any first class mail should be given first class attention and that every piece of mail should be answered. But too many times it isn't and it's done with the excuse that there isn't enough help. Yet we're able to field pretty good football teams and get the job done there. I think we should take a look at that. This causes other frustrations.

Keeping appointments is very vital. If we had a meeting with the National Science Foundation at which there is a grant of some fifty to seventy-five thousand dollars hanging in the balance, we'd have the professor involved standing in line and waiting to meet with such a committee. But if there's a student who's facing a real crisis in this program and he has an appointment, if the professor or counselor is late, he's late, and sometimes he doesn't show. Now this does happen and I think that many of us at times have experienced this.

We hear a great deal about this business of cheating. For example the air academy here has gone through this a couple of times in the last couple of years. I've often wondered why the public gets so irate about something that's been in practice for years, and that's cheating. Whether it's on a college campus, or in business, or main street USA, or in the unions, I think we need to take a look at the good old fashioned reasons of why men exist. I admire the academy because they at least tell the students what's going to happen if they are involved and caught in cheating, and then they stick with it. You know consistency is a pretty important thing too. Well, we're totally inconsistent in our practices at times. In the name of academic freedom we sometimes promote academic chaos, I think, for this very reason, that we do not mean what we say about cheating, this thing called integrity. How many of you in this room have ever felt that you were lowered on the curve, for example, because there was a group who got one of the Prof's exams? I can give you personal testimony, which I won't give, based on some of my own graduate experiences because I know that examinations were out and I know that my grade was lowered because of the distribution of grades and I was able to say a year later with some degree of satisfaction, though with a little bit of remorse too, that, in fact, this had been the case. It does go on. How many of you have gone into the library at times and done research trying to get materials together and you pull some of the periodicals only to find pages knifed out of the books. I wonder why this is. Do you suppose that the panic that's created sometimes in order to get the students to do a good piece of work with crowded assignments may have something to do with it? I think we should compare or contrast negotiation versus discourse. Too many times negotiation involves two people or two groups with preconceived ideas getting together to try to see who can come out victorious and win a point, rather than facing truth as opposed to those who come with preconceived ideas to the same table, willing to lay truth on the table and put their precious professional position aside long enough to take a look at truth and let truth speak out even if we have to admit once in a while that we're wrong. I think people in higher education have this responsibility and sometimes they don't do it.

Now in our own particular case at the junior college, we get retreads; we get students who have been passed off, those who couldn't make it at a senior college. We welcome these people, but they come to us pretty badly bent and broken. We have not, as a small junior college, been without our troubles. We've had two suicides in the last five years on our campus. I don't say that our campus promoted it. These people came to us with problems, but it so happens that we were a part of it because the suicide happened while they were our students, so I'm sure that we have to assume some of the responsibility for it. You see, we have something that they want, those of us in education. So many times we make this wall quite an imposing thing, so that students themselves are not able to feel that they can get it unless they use devious methods to get it. If they rely on what they have, even if they know other people may be doing a little bit of cheating, this only compounds the problem that much more. The junior college, I think, can and does and will continue to make a valuable contribution to higher education. But the people of Colorado are going to have to learn that we are not the Messiah and we can't solve all the problems. We can't make this radical adjustment this fast. I'd like to refer to you, for your casual reading, and I think interesting reading, two books, one entitled Why Colleges Fail by Nevitt Sanford perhaps many of you have already read it. The other one is The College Experience by Freedman and I have two quotes I'd like to give you from Dr. Sanford. I have a little bit of partial feeling for Sanford because I happen to have had him in a stepped-up course at Berkeley during World War II in which he had ninety-eight maverick GI's and he was supposed to be teaching something about industrial psychology to us. Although I am sure he was never sure, nor were we, just why the army put us in this particular role, it was six months of very delightful experience for me. Just two quick quotes from Sanford:

> It should not be surprising that we now have on our hands something of a rebellion against the narrowly cognitive accent in education. Twelve or fourteen years of emotionally barren and often meaningless fact grubbing seems to leave a person starved for feelings and for symbols. One form that rebellion has taken is the LSD movement in which people seek the instant provision of what has been omitted from all the years of formal education.

Take it for what it's worth, and then one last quote:

> Fundamental to reform in the college, (and I am assuming that is why we are here, we are interested in reforming to the extent that we improve in what we already are) is the change of attitude

> on the part of the people who run them. The faculty must take some interest in general education, and begin to conceive of themselves as educators. Unless a higher proportion of faculty become interested in students, eager to know them, eager to know some of them and willing to do something for them, nothing much is going to happen. But most teachers on our campuses today are not interested in discussing education and are not well informed about it. It is still true, or at least it was until the student protest at Berkeley that most university teachers would regard it as dangerous to their careers to show any genuine interest in students. Colleagues would soon accuse them of such deviations as "putting students ahead of subjects" or attempting to turn the campus into a therapeutic community.

In closing I would like to say that I still believe, contrary to popular opinion, that students want, expect, demand and should get leadership from their faculty, from their counselors and from their administrators. If they can't get this, then I think we should step aside and let someone else try this whole business.

Oppelt: Thank you, Dr. McDivitt. I think it's evident to see why Dr. McDivitt is one of the leaders in the junior college movement in the state of Colorado. I'd like to go back to another Dean of Students and ask Dr. Ambrose if he would step up and give his points of view concerning this question.

Ambrose: Thanks, Ted. I think the two gentlemen who preceded me have stolen my thunder. It's nice to be here and I, too, am impressed, Ted, with the program and I'm just sorry I can't stay longer.

I refer you people to the article in Look magazine of June 13, 1967, quoting at some length on the research, and study, and writings of Dr. Farnsworth, the head of the student health services at Harvard. I'm sure we're all familiar with Dr. Farnsworth's work. This magazine article says that of every ten thousand students at the college level, a thousand of these students have emotional problems. Three to four hundred of them have feelings of depression that are deep enough to impair their efficiency as college students. One hundred to two hundred are apathetic and unable to organize themselves. Twenty to fifty are seriously affected by conflicts in their own families, fifteen to twenty-five need treatment in hospital situations, five to twenty will attempt suicide, and one to three will succeed. Perhaps some of you have read this article. The article goes on to explore the ways and means that colleges and universities in the country have attempted to meet this challenge. You are all familiar with these various methods that have been used, so I won't go into that. But I'd like to explore as to why students have emotional problems.

One of the reasons students have emotional problems is that we are living in a world of upheaval, not only in our own land but all over the world. Another reason is our ambivalence about Viet Nam. Our concern in this country that there is a communist under every bush and that we've got to dig out the bush and rout out the communists is another reason. Still another reason is our deep concern for civil rights and the resulting social problems from this deep concern. But certainly this is a world of upheaval and this causes problems, and the young people today are particularly concerned. They are more concerned perhaps than those of us who are grey headed and are going down the last mile.

Another reason for the emotional problems, which has been touched upon by the two previous speakers, is the system that has developed in higher education. The lack of real training that Lyle referred to in college teachers, the only profession he knows which doesn't require any preparation. I think there's a lot of truth in this. The lack of concern on the part of faculty and staff and the administrative people of the university. The concept that we've got to "publish or perish," that we pay more to the research professor than we do to the master teacher. I come from a university, it's a land grant university, where we are spending more and more of our time pushing the idea of research. "To hell" with the undergraduates, seems to be the spirit in higher education today. This concept disturbs me; frankly, it scares me to death.

I'll give you an example of what I mean. On my campus we have been trying for a number of years to carry out the philosophy of trying to decentralize student personnel by advocating that we have full time counselors acting as assistant deans in the academic colleges of the universities. All we've been told is that we can't get any money for this, and yet at the same time, the University is developing more and more Ph.D. programs. So we are spending large sums of money to develop new Ph.D. programs and yet my department can not get five counselors out of the budget to work with the undergraduate deans to work on these problems of emotional crisis in students. Higher education has got to make some choices one of these days and I hope soon, and that these choices will be more concern for the undergraduate student.

Another reason why emotional problems are becoming more critical on our campuses is because of our affluent society. Many of our students are rejecting this affluent society. I spent three and a half hours last Monday morning, a week ago, in the Haight Ashbury District of San Francisco. I think all student personnel workers ought to go see the hippies of San Francisco. It's kind of frightening, and yet I think I can understand these kids' point of view. They reject the society that you and I are trying to put together. I don't know what the answers are but it was a fascinating experience, rather frightening in a way. When I was out at Berkeley last week at the WICHE meeting, the theme of which was, "How to Personalize

Higher Education," somebody pointed out there were more divorces in the counties around the San Francisco area than there were marriages. That's a pretty affluent society out there.

Another reason for these emotional problems stems from a point made by Father Hoewischer in his talk last evening. This point is that the younger generation is challenging the religious establishment. From my experience in New Mexico, it can be said that many of our seminaries are graduating some way-out liberal young chaplains who are willing to dedicate their lives to what they believe is the real cause of religion. We had a young campus chaplain who challenged the fanciest restaurant because that restaurant wouldn't serve Negroes. Many irate people called the University to say, "You got to fire that guy." We did not, of course. I was walking across the Berkeley campus the other day and here was a sign near the student union building and it said, "Come to the Anti-Draft Meeting, Down with the Draft." You know where this meeting was being held? At the Wesley Foundation Center at the University of California at Berkeley. Yes, perhaps some of you have run into some of these young men. They're challenging the established religions of our times.

Another reason, I think, for these emotional problems is that our students are searching for meaning in their lives in this crazy, mixed up world. Students are concerned about the paradox of poverty in this land of plenty. I've had the privilege the last two years of being chairman of the Community Action Agency in my county under the OEO (Office of Economic Opportunity). I was one of those persons who said, "There isn't any poverty in America." Then I got into this program and found grinding poverty all around. It's frightening business and students are concerned about this, deeply concerned. You and I better be concerned, or things are liable to blow up in our face, it's blown up in Newark and Watts. These young kids are concerned with this, deeply concerned. I've talked with them; so have you.

My last point is that students have emotional crises because of our society's ambivalence about sex. Coming up here on the plane I was reading a book entitled Living with Sex written by Richard F. Hettlinger and published by the Seabury Press. The author was for many years a campus chaplain at Kenyon College in Ohio. The thesis of his book is that we older people are ambivalent about sex and won't talk to students about sex in a matter of fact way. Consequently our students become ambivalent and problems result. It's a very good book. I commend it to you.

So it seems to me that these things that I've attempted to recite, and many more, that this is a real challenge in higher education to do something about this. We can't solve all of these problems. We certainly can't solve world revolution, but we can get people to understand it and help the students find their way through the maze. I think that the role of the college in student crises is to be understanding. Not to take the sex deviant and throw him out and say, "He's an evil person," or to take the homosexual and cast him out to society, or to take the student that flips his lid and throw him out, but rather to try to do something about it. I think all of you would agree that this is what we're here for, to try to understand and help these youngsters. I wish there was someone here from Kansas State, because I was particularly intrigued with the brief description in the Look magazine article about the Kansas State program called Half-Way House. This sounds like a great idea. On my campus we have a part-time psychiatrist who is available two afternoons a month. This isn't very much. We have a counseling and guidance center. This is progress, but we need to do a lot more.

I'd like to sum up by saying that higher education has got to do something about this business of making a college, whether its three hundred or thirty thousand, a place where students can feel a little bit at home and help solve their problems. It's a long struggle, but it's a real challenge and I think it's an exciting one that we all ought to look at very carefully. Thank you.

Oppelt: Thank you, Dr. Ambrose. Our next speaker is Dr. Holmes, President of Colorado State College.

Holmes: I didn't go out to San Francisco to hippieville. These guys create enough problems for the college president. People are always calling up and saying, "President Holmes, what is your attitude toward this long hair that these fellows are wearing?" I say, "Really, I'm in no position to come out against hair." "What do you tell them?" they ask. Well, I tell them "Enjoy it while you've got it."

And now, an announcement for you disturbed administrators. We're going to have a therapy session for you at lunch to help you through your budget problems and your frustrations, because I'm a professional optimist. I do not believe that the world is going to be blown up tomorrow. I have some techniques of rationalization and larding over those guilt feelings that come from not doing a good job, which I'd like to share with you. But, on the other hand, I'm not going to.

My insights into these problems are about at the level of the girl whose boyfriend was having personal problems. Her mother was concerned about this relationship. Finally the boyfriend went to a psychiatrist. The girlfriend reported the results back to the mother. "Basically," the girlfriend said, "the psychiatrist said my boyfriend has an oedipus complex." To this the mother replied, "That's all right, just as long as he loves his mother."

So I really don't come to you with great insights into the problem. I would, however, like to take an opposite position from some of the points of view expressed.

It's important for us to tie up a tidy and identifiable frame of operation. We can look at our framework of operation from two possible philosophies. One of these I think has been well represented here. It can be summed up in the phrase, "We've got to help them." It occurs to me that within this philosophy we're going to be "messing around" in the classrooms, we're going to be "messing around" with faculty members' primary job: that of imparting some knowledge. This is the faculty's primary job, making knowledge accessible.

May I suggest that no matter how delicately a faculty member tries to "mess into the lives of students" and help them, most students do not really "appreciate" the effort. They do appreciate a competent professional relationship. Moreover, when I was a faculty member who, from time to time tried to do this, all kinds of messy and sticky situations developed from which I beat a hasty retreat. I would like to suggest that in spite of our efforts, we don't have much to do as faculty members with the personal development, maturation, the insights that youngsters achieve other than what those youngsters achieve for themselves. Parenthetically, I use the word "youngster" advisedly, because I look around today and see 16 year-old kids dropping out of high school and going into an apartment and sometimes getting a job of sorts and living in an adult society, though not necessarily in a mature world. I'm not saying that this is right, but I am saying that this is what happens when kids drop out of school. When we bring teenagers to our campuses and have controls placed upon them which assume that we still know what's good for them, it seems to me that we are insulting them.

We come then to this point: faculty member relates to a student in a way which the student expects. The student expects, whether he believes it or not, to be treated as an adult. Of course, this creates problems for student personnel services.

Our second point of philosophy may be posed by the phrase, "We'll help them". Of course, there are many ways in which we can help them. If the student's academic environment is real, and true and actual, students are going to need help.

Phil gave some problem areas out of ten thousand students. I'm delighted to discover that only one to two hundred are apathetic. I taught a large lecture class one time of one to two hundred and they were all in it. The good students were in the other classes.

Actually, I know what is meant by the truly apathetic student and this is the kind of person that can be helped. Among other types, we are talking about this type of person in this conference; the crisis student, the student who comes to you and identifies himself as a person who needs help, and we'll help them.

It seems to me that you don't have to go out and identify students of this caliber and of this type. In many instances, they identify themselves. I say that with complete confidence because I've already identified myself at the level of that girl's mother who reacted to the oedipus complex. I do have this position before you because...I think Mark Farrell can tell you more about the school for disturbed adolescents at the University of Michigan.

This school operates on the assumption that the classroom should be the most traditional variety and that the remainder of the environment is structured to support and help the individual. Psychological therapy simply isn't going on in the classroom.

I believe most colleges, whether we like it or not and whether we agree with it or not, are set up on this philosophy. The interesting thing about this adolescents' school is that it wasn't torn apart, as far as I know, it continues to be a very successful school. The philosophy of that school is, I think, a philosophy worth looking at, it reflects the point that Bill McDivitt mentioned...the idea of genuine concern.

We might ask, "What actions can be taken to develop a philosophy of genuine concern for the student?" Not a philosophy of we've got to do this or this or this, because "this" is anathema to our faculty and I believe properly so.

But it's fundamental to be genuinely concerned about students. It seems to me that against the background of a philosophy of genuine concern, implicit in which is the desire to help, you as professionals can take some positive actions.

On that note I'm going to conclude, because I've got a list of actions that I think would work. But I don't know if they would work for you. It does seem to me that you do have a responsibility to help young men and women, by helping to create conditions in which young men and women feel that there is a genuine concern for them. You do have a responsibility for letting them be adult young men and women and by being willing to handle some of the disciplinary problems which accrue as a consequence. The fact that you are here today at this conference suggests that you are going to make some modest strides in this direction.

Oppelt: Thank you, Dr. Holmes. I'd like to call on Dr. Jellison from Fort

Hays Kansas State College, Dean of Students at that institution, to give us a few words concerning his point of view.

Jellison: Thank you, Ted. So many ideas are swimming around in my mind at this point in the discussion that I'm not quite sure what I ought to say. Being a Methodist and having Methodists mentioned twice this morning I feel a little like the story about the real ecumenical movement in this country today—that is that Catholics are eating meat on Friday and we Methodists are drinking in front of each other. I think that's progress.

I would like to take for my point of departure the words of Dr. Holmes in terms of the traditional role of the college because I think that this is something that I identify with rather well and it also gives me an opportunity to discuss some of the procedural things that I think the people who come from a college such as ours, a state college, might actually do to cope with student crisis. We have gone through a process in our student personnel staff meetings over the last year of trying to determine just what our role is as a college concerning the student in crisis. We have come up with some ideas—I'm not going to defend them, I don't know whether they're right or whether they're wrong—which are our present course of action.

We think that in terms of a crisis for an individual student there's no question but what the college needs to be involved wholeheartedly, whether it be at one o'clock in the morning or four o'clock in the morning or in the middle of the afternoon. To this end, we are willing to bring our whole staff to bear upon the situation. This includes a nurse, doctor, our High Plains Mental Health Clinic, and the dean. We attempt to take care of the immediate minute by minute problems facing the young person in crisis. We also feel that in terms of this we need to be with or have people in contact with this student for the length of the crisis. I think Dr. Farrell mentioned last night that usually this is not of great duration. In other words, he talked last evening of the crisis lasting for about fourteen hours, later the student was worrying about making a 9:30 class. We find this to be very typical. Crises are not of long duration, so giving the whole staff's energy and time to the crisis is something that is not impossible to do. We think then that an evaluation of this student's crisis by psychologists and psychiatrists is a function of the college. Once this has been done we think, since we are set up as a traditional institution of higher education, that our obligation is pretty well met. We do not now and we do not in the immediate future plan to become involved in long term therapy for students. We will and do recommend referral, we have a referral system, to the necessary people who can help. This is at the student's expense, not Fort Hays' expense, while taking care of the immediate situation is at our expense.

Now, how do we handle this in terms of the student staying in school or leaving school? We are firmly convinced that if this can be arranged for the therapeutic treatment to go on while they're in school whether they're treated at Hays, Halstead, Larned or wherever it may be (these are foreign names to many of you, but these are institutions and services in our state), we will continue to help the student by having him continue in school. If these facilities are not available or if the student is not willing to avail himself of the facilities, then we take the position that if his behavior is such that he cannot function as a student on our campus, we will ask him to withdraw from Fort Hays.

Now, some of you are going to throw up your hands and say, "Oh, my gosh, you're just not accepting your responsibility. After all he's your student, and you should take the time, the energy and provide the supportive therapy for whatever the length of time it is needed and pay for it out of your budget." I think our conclusion has been that we are primarily an education institution and as much as we'd like to be all things to all people that with the limited finances we have and with the mission which we have been assigned by our Board of Regents that we can no more be a therapeutic-counseling center for all of our students than we could be the bank for all of our students. We try to help them and get them through their crisis, evaluate them, and make referrals.

In line with this whenever we have a crisis, we feel an obligation anytime a student is hospitalized to notify the parents immediately. This is a practice which gets us into difficulty sometimes because, as most of you know, often the parent situation is part of the crisis. If we have a student who is involved in this kind of situation and the parents are not notified, I try to put myself in their position. If I had an eighteen, nineteen, or twenty year old son or daughter who was going through this kind of crisis in life and the people I looked to for guidance and help didn't even let me know about it, I would feel pretty grim about it as a parent. This is our rationale for notifying the parents.

I think in summary I would say this; students who are in a crisis situation in college seldom got there since they came to college. The underlying problem is usually of long standing. It involves a life that was lived mostly before they came to college and my experience has been if you think that you as a classroom teacher or you as a counselor are going to be able to take your time and energy to help this person become a well-adjusted functioning adult, then I believe you aren't being realistic in how much time and energy you have. I find that these kinds of students, if you have a half a dozen of them that you're in contact with, will consume your time and energy to the extent that you will have little left for the remainder of your job. In reality, it's a matter of how much time and energy you have, how many resources are available to you.

I would concur with Dr. Holmes that the primary function of a college is its traditional role. You know you might talk me out of this position, but as of now, I believe that we need to offer services in a limited, helpful way, but not become involved in spending a large share of our budget as a psychiatric center.

Oppelt: Thank you, Bill. We've heard now from five educators and I would now like to give Mr. Bill Southard a chance to give us his views. To remind you, Mr. Southard is a local attorney and a member of our board of trustees. We would be interested to see what ideas he's gained from his experience and from listening to the previous speakers.

Southard: Thank you, Ted. Ted Nelson told me that there would be no particular presentations, that this would all be from the top of the head, so somewhat this is, this morning. In my particular vocation, we do run across the role in which you people are involved during the four year span of these peoples' existence. We run across it through the rest of their lives, before and after. I'm talking about the crisis, the personal problems, how their feelings are hurt, one way or another. How about the fellow whose neighbor builds an eave that over hangs on the fellow's property. Are his feelings hurt when the rain drips off his roof on his property? Two fellows with their automobiles come together at the intersection, husband and wife having domestic problems, and various problems of criminal liability that come up all through the stages, before they get to college and after they get to college, debtor-creditor problems. In fact, in our vocation there's only one really nice proceeding in court. Did you ever figure that out? Do you know what that one is? There's only one nice proceeding, all the way around. Probate proceeding, somebody dies, it's always sad. The one nice proceeding is adoption. You think about that, the only nice proceeding we ever have. So I get involved in this field beyond somewhat the scope of the four years in which you are interested.

I'd like to speak for a few minutes on what my ideas are on what the role of the governing boards of the college or of the university is in this field. It's often been said that we are the buffers between the state fiscal agents, the public and the parents to the institution. Sometimes they call us the providers. Well, now there's more to that than....I think Dr. Holmes will agree that he probably does more of the actual work on going down to try to provide Colorado State College funding with the legislature than the governing board, although they are technically responsible and also participate. But among the things that we are trying to provide are what Dr. McDivitt talked about, the preventive status. Now what are we trying to do? We're trying to provide in these colleges, every governing board does the same thing, the stable, wholesome environment, a wholesome recreation facility. For instance this very building is provided through the action of the administration, the governing board and all. Why? To create a wholesome recreational, wholesome activities area for the students. Everyone of the colleges generally has some type of wholesome recreation facilities. When it comes to the eating facilities, the dormitory facilities, the physical education facilities, we're trying to create wholesome atmospheres. wholesome things to build good bodies, to build good minds. I think that is one of our responsibilities to create that part of the stage setting. We know that during this time the college is in a...you can call it semi- or full loco parentis supervision area. I would call it more of a modified or a semi-loco parentis situation with regard to the students while they're on campus. This is during the four years of these peoples lives. It's at the time when they're cutting the apron strings from their home life and they're going to run into problems.

One of the things that the governing board should see that is provided is a chain of discipline. Now that chain of discipline can be informal as we know about it within student groups, within fraternities or sororities, and within student governments. It has it's limitations. There are certain disciplinary categories that can come within the classroom. How does the teacher control the people within a class? Now you get certain relationships there that need to be controlled and of course there's a stage when these reach the administration. Now the administration has to be provided with rules, procedures that they can go through to govern and control these students.

At the same time the governing board should provide for the college, I don't mean that the governing board is the only one that should do it, but the board does have a part in seeing that this is done, to have trained counseling services for the students. Sometimes we have large faculties, well, I think we need counseling services for the faculties, as the administration does, Dr. Holmes, at times.

Now, connected with this counseling matter is the providing of constantly new people in the field. That's one of the objects of this conference, to develop new ideas, new theories, new thoughts. Coupled with this is the over-all balance problem. I think this was brought out by Dr. Holmes where he said the primary job of the college is to impart knowledge. Dr. Jellison said that in Kansas where the student needs more than what you're giving him in counseling, why, he's got to provide some of that himself. But we have to have a balancing of this; there's a certain area and a category in which the state tax payers can be said to pick up the tab for this counseling service. We've got to provide something. But what is the limitation of this? We have to create priorities. I'm not saying that this field should ever be played down, but I'd like to put it into the thing that Dr. Ambrose talked about, that counseling is a field which has always been here. Some of us who went through college in the depression periods recognize that if they were furnishing counseling services, it was very limited and that there were real definite personnel problems; students had them. It's a field that's growing there, but we have to balance it. We can't put the whole emphasis in taking care of the unusual student. But we can certainly keep his numbers from getting any greater. We can certainly recognize him and to the extent budgetarily balanced, he should be helped.

One of the big things that I thought that Dr. Edmison came up with is the communication area. I had the opportunity to attend a university on the east coast at which one of the communication means was opened. Not every Sunday, but practically every Sunday afternoon President Conant at Harvard had an open house at which all students at the college could go there for about an hour in the afternoon for tea. Now, coming from the little town of Greeley, out here in the arid West, it was quite an opportunity to go and meet that fellow. I sometimes feel that the communication could be bettered by, as Dr. Edmison so aptly put it, "getting the professors out of the rose garden," into the availability to the students, so they can contact them.

At the same time I wonder about the other end of the communication. Sometimes it isn't just having the faculty and the counselors available at the particular time, but it's also to create the atmosphere, the stage setting, or something, so that the students who do need counseling will come to see them. How many of these silent students who are not out here growing long hair or some of the other things causing all the furors...how many of those silent students actually have problems which if they were able to come and perhaps unburden their problems could be helped? Now that ended the two-way communication, that is, having it initiated rather than having it initiated from the student, but perhaps being initiated from the counseling service. Perhaps in that field you're going to have to go outside the normal college channels. I'm thinking of the role of religion. I think that that plays a very important problem particularly in the area of developing the two-way communication, so that if the silent student doesn't say anything, but has a problem, he will come. I hope my remarks weren't too long, but I think that the governing boards are very much aware of the counseling service needs, the problems that the students have. Thank you very much.

Oppelt: Thank you very much Mr. Southard. I have just one comment. I think that there's some danger in seeing the term crisis as an entirely negative term. When I first started thinking about the topic and before I listened to the members of the panel, I was thinking of crisis in a negative sense, but I think a person could support the point of view that the role of the college to some extent is to promote some crisis in a person's life. I'm thinking particularly on the intellectual level. I'm always a little suspicious when I talk to a student who's graduating when I ask him, "What do you think about your college education?" and he says, "It was a piece of cake, I had a great time," but he doesn't mention anything about being upset at any time. I read one time that education is usually a painful process to some extent. Crises are painful but I think that some of the most valuable experiences in a person's life are when he goes through a crisis, makes decisions, and of course he needs some help often to prevent consequences that are going to be detrimental to him permanently. But it seems to me that we shouldn't take the attitude that the best school is the one with the least crises for the student. I think to a certain extent our role is to promote crises which will enable the student to grow, enable him to make decisions and enhance his education. So I think we should not look at this as an entirely negative part of a person's experience. Now we'd like to turn the meeting over to the audience for questions, if you would please come to the microphone on either side or the one nearest you. We would certainly like to try to answer questions, and I'd like to offer the opportunity to direct questions to any member of the panel.

Q. I'd like to direct one question to Dr. Edmison. In the earlier portion of his presentation he referred to the dean of students and presumably the area of student personnel work or student services, as occupying the role of speaking for students. I wonder if there is not a possibility of confounding the problem of student's crisis by this broad an interpretation of student personnel services as far as college employees are concerned, and if it is not more appropriate that the people in personnel services including deans of students interpret perhaps students to the college and the college to the student only.

A. I think there is some need for clarification of the point that I was trying to make. Certainly I could not take issue with the last point you established. However, when I say it's one of the roles of the dean of students to interpret the students to the college, I had in mind the primary management team in the college. On our campus this team includes the executive dean (sometimes called the "dean of bricks") responsible for the building program, the business manager, the chief academic officer, and the developmental and alumni relations officer. In that particular group which has the responsibility of charting the day to day operations of the college and meets twice a week for two hour sessions, who speaks for the student and his welfare in the overall planning and day to day operations of the institution? I think this is the role of the dean of students because he's the only one in this group to represent the total welfare of the students. Now, how? Well, I think in looking back over the last year of organized protests on the campus, there are those on our management staff who felt that the student ought not to have an opportunity to criticize the administration of the college or a civic issue in our community, ought not to have the opportunity to criticize the city council. My position is in opposition to such a stand. Had I not been there, I'm not sure the students desire would have been adequately defended. Similarly it was true in the matter of student government and their desire to sponsor various kinds of activities. We have on our campus a dearth of space because of the particular critical problem of campus growth. We're at the worst time, in our life, that we ever will be in terms of space. One of the members of our primary management team comes from the discipline of physical education with a history of successful big-time athletic coaching. He designed the excellent physical education facilities that we have. We have the most modern floor, track surfaces and facilities throughout; it's an excellent building, beautiful, no question of this. Then he adopted the position of jealously guarding it so that it's assured for use only for the purpose for which it was primarily designed. It has an excellent surface on which to have a dance, but that might scuff the floor and so we hadn't better do that. The students were desirous of sponsoring a symphony orchestra, which they did. I had to spend time in our primary management team arguing for the desirability of our college sponsoring this symphony, because the only space that could hold it was on the gymnasium floor. This would have—, in fact, did inconvenience the practice of our basketball team on a given day because the gym had to be set up. Now, it seems to me that this was an excellent cultural opportunity, initiated, sponsored, and funded by the associated students, yet had I not been there to defend this, it certainly would never have been produced within that particular team. It's in that sense that I meant the dean of students speaks for the students on the campus. I certainly agree with your last point. Thank you.

Date: July 20, 1967 Time: 10:30

Discussion # 1 Room: 248A

Recorder: Howard I. Mickelson

Who determines if a student should receive further consideration and attention or be sent home? Thus, the direction of this discussion group was established in regard to student crisis and its problems. Decision making is the center of responsibllity.

J. Dollar suggested that decision making is determined by the nature of the problem. Responsibility for making a decision may belong to the academic, social, medical or any other area in which the crisis is centered. If a student can function in college we should treat him, but if he cannot function in college, referral should be made.

Treatment by referral was in response to Van Natta's question as to the role of the college or university in treatment and therapy. H. Sharp and J. Dollar enlarged on the question by pointing out that:

1. Some college people counsel who are not qualified to counsel, and some who are qualified to a limited extent should make referral, but fail to do so in a satisfactory manner.
2. Faculty should refer students to proper counseling service, but that does not preclude maintaining a friendly, sympathetic relationship with the student.
3. The big problem is that some students will not accept referral.

A general discussion followed which included how referral was made in the various institutions represented. The most common method of referral evolving from the discussion was first to a medical doctor who in turn made referral to the next specialized service.

Van Natta, by a case example involving a referral, indicated how a patient may resent a referral. The point being that one of the most important considerations in student crisis is how to prepare the student for a referral.

Since faculty members are involved in student crises, Sharp suggested that in most institutions students know and go to key faculty members. A faculty member can be a friend and adviser without getting involved in counseling to the detriment of his academic responsibility.

At the conclusion of the session, with time running out, four major problems were cited which require careful consideration and understanding:

1. Sharp—Students fear written records which most services require, consequently, difficult to make referral.
2. R. Sisler—In housing situations, students tend to protect students, delaying proper referral and putting house-mothers in delicate situations.
3. Sharp—Students in conflict with the law cause a problem of conflict with the structure of the adult world. Especially difficult because campus is unstructured—Decision making involves stay in school or put out of school.
4. R. Sisler—Students in trouble with local law—What position does the institution take?

Discussion ended and participants went to lunch.

Date: July 20, 1967 Time: 10:30

Discussion # 2 Room: 243B

Recorder: Don Poppen

Reverend Harry Hoewischer (Regis College) informally assumed the position of "self-appointed chairman" and opened the floor to discussion of the topic at hand, "The Role of the College in Student Crises." Lloyd Swenson (Adams State College) asked the question, "How far should we as student personnel workers go in helping students with emotional problems?" His own impressions were that we should go further than we do and that more time could be spent in this regard rather than just referral and to say "come back when you get better." Michael Levy (University of New Mexico) commented that we should be more concerned for the total growth of all students rather than just for those who have a problem. In specific response to the question he stated, "The college should not become a therapy factory in spending long hours with a few students, but to work toward relieving campus pressures related to mental health, thus be concerned for all students." Vera Johnson (Temple Buell College) brought out the problem of the effect the disturbed student has on the rest of the campus community. She posed that students with serious emotional problems be counseled to leave the campus for a period of time. Father Hoewischer suggested this be termed a leave of absence and the student in question be guaranteed reenrollment after the specific period of absence.

Lloyd Swenson opened a new, but related topic with a comment concerning communications between faculty and administration related to identifying student problems. Apathy on the part of some faculty in this regard increases problems in helping the troubled student. He suggested that the facts in certain cases be made available to specific interested faculty members and a clearer awareness of faculty responsibility be made through open channels of faculty-administration communications. Father Hoewischer supported this opinion and stated the need for faculty referral and better communications. Jane Mitchell (Casper Junior College) suggested that new faculty persons in an institution many times are not aware of the facilities and qualified persons available to students for referral and the need for more and clearer orientation of new faculty along these lines.

Father Hoewischer asked the question, "What is the college or university's responsibility in serious cases of mental illness which require extended therapy?" Lloyd Swenson commented we should not be too busy to accept some long term therapy cases; we should be willing to take the extra time. Dr. McDivitt's (Otero Junior College) response was with the question, "How many times do students and parents apologize for taking your time when coming in to see you?" Students and parents alike should understand you are there to serve them. Any and all administrators or faculty persons should show interest in a specific student, "Too often we treat the student with indifference." In response, William Jellison (Fort Hays Kansas State College) asked, "What is a student?"—"Should we baby students or should we try to identify the real student and work more diligently with him?" The junior college view in this regard was to identify these people. The job of the junior college is, to a certain extent, to salvage these borderline cases, not to cast them aside.

The balance of the discussion centered around the area of students and their obtaining financial aid, in specific scholarships and how they are awarded. Questions were raised as to the validity of awarding scholarships on a need basis and the problem of students going to the college where they receive the best scholarship. This topic also covered briefly the emotional problem of students wanting to be financially independent of the parent in paying his or her way through college.

The discussion was closed formally at 11:35, with individuals continuing conversations on specific topics among themselves.

Date: July 20, 1967 Time: 10:30

Discussion # 3 Room: 243A

Recorder: Harold LoSasso

The group discussion began with a classification by Dr. Ambrose on a point misinterpreted by Dr. Jellison. Dr. Ambrose explained that it was his view that the purpose of higher education was education, not counseling, but that he also held a view that the proper attitudinal predisposition toward counseling was important.

Dr. Wisman then asked if the instutition functioned for impartation of knowledge or for orientation toward living. Dr. Jellison replied that the institutional structure was such that we should impart knowledge and help students work within the framework of the institutional structure. Several sources rebutted, making the point that until institutional goals are more explicit, helping students work within the structure is difficult.

Dr. Cohen then stated that if institutional goals are the imparting of knowledge and fostering of research, then the assumption must be made that the basic orientation of students is academic. He stated that 95% of the college students do not have learning as their primary goal. Therefore perpetuation of the institutional goals is myth and causes problems of alienation between the student and the college.

A discussion ensued between Drs Barbato, Jellison, Ambrose, Wisman and Cohen concerning Cohen's remark.

Date: July 20, 1967 Time: 10:30

Discussion # 4 Room 248B

Recorder: Glenn Matott

Note: It was not possible to identify all of the speakers by name; however, I believe they are accurately identified by school.

The statements attributed to the various speakers are paraphrases and condensations of what they actually said.

Speaker	Comment
Metro College	What *is* a traditional classroom?
Edmison	I don't know either. But we place in classrooms individuals with no tested concern for students. The orientation is toward research. Sure, our duty is to impart knowledge, but there is too little concern to know if the imparting of knowledge has actually taken place. I am personally very concerned when there are no A's or B's in classes in which the mean aptitude score is at the 67th percentile.
Metro College	Obviously we have to achieve mutual communication with the teaching faculty. How do we do this?
Oppelt	We are partly responsible. Teaching faculty feel that counseling is the counseling center's job. We need to convey to the faculty that the counseling center needs their help in handling student counseling. Our own over-specialization has probably hurt us. But I think we are beginning to make progress in reaching an understanding with the younger members of the faculty.
Pittsburg, Kansas	The faculty should be interested in the fact that personal adjustment is related to academic adjustment.
Edmison	Someone, possibly a department head, must take the lead. At my college, 80 percent of the students bring cars to campus; 67 percent work more than ten hours per week; the majority are the first members of their families to go to college. But the members of the faculty do not seem to appreciate these facts. Thirteen books, including *Plato's Republic*, were assigned in one class.
University of Michigan Dental School	Dental education is specialized, of course. But at the University of Michigan Dental School the students drew up a questionnaire which gave them a chance to comment on faculty performance. They revealed that they despised the gap between faculty and students. This knowledge had a real impact on the faculty.

Metro College	How did you get the information to the faculty?
Dental School	By simply presenting it to them.
Metro College	That wouldn't ordinarily be so easy. Often there is a real division, no rapport, between staff and students.
Pittsburg, Kansas	The inviolability of the classroom must be broken. Teaching faculty hide behind academic freedom.
Edmison	There are three things standing in the way of progress in higher education: academic freedom; tenure; and funded research, which I call the rape of education today. I think we ought to build research centers away from the campus and send professors who want to do research off to these centers on two or three year leaves of absence.
Metro College	That's not such a wild idea. Anyway, some of the professors would probably be very happy with it.
Farrell	What about the curriculum of colleges that teach teachers to teach? Perhaps this needs to be investigated. It is estimated that 1,000,000 students per year drop out of college, and of these about fifty percent drop out because of emotional turmoil. These figures are accepted as facts of academic life. However, at Harvard Medical School, a sixteen percent drop out rate was reduced to three percent by the application of preventive psychiatric services.
Alley (CSU)	In general, students simply seek meaningful conversations with adults. After World War I, psychologists and psychiatrists promoted the idea of expert care. This was unfortunate in that the public, including teachers, were led to expect more than could be delivered. Nevertheless, there is a nucleus of interested professors on every campus.
Edmison	The nucleus does exist, but it is made up of the ones who carry the main load. Prevention could, of course, help. But we must realize that students are often leaving the nest, and they experience crisis because of things like an incompatible roommate or a poor advisor.
Alley	I'm saying that, in spite of being busy, these professors do concern themselves with students.
Farrell	Commonly, though, the only persons who talk to a confused adolescent are the psychologist and other confused adolescents.

Alley	Students who see the school psychologist are not always sick.
Farrell	(Here Dr. Farrell recounted at length the story of a girl who had become suicidal because of her feeling that she could not marry the boy she was in love with because to do so would mean that he might have to drop out of school to support her; on the other hand, she did not feel she could quit college to support him because to do so would disappoint her parents). I simply arranged it so that they could marry and draw $110.00 a month from Vocational Rehabilitation. I saw the girl three times only. This is not psychiatric treatment. I only happened to know the resources which were applicable to the case.
Alley	Well, we hear a lot about student stress. Stress out of college will not be less, only different. We can't arrange everything.
Farrell	True, we can't carry them around on a pillow. Still, we can help to keep the stress down to levels that the immature individual can cope with.
Pittsburg, Kansas	Maybe a priest would have been able to help too?
Bishop (Mesa)	I wonder how many of us circulate to find out the views of other personnel, maintenance men, for example.
Edmison	I reserve a 45 minute coffee hour where I can talk to anyone.
Alley	Speaking of maintenance men, it's true that kids will relate to janitors and so forth.
Oppelt	In one high school they found that a lot of the sex information was coming from the janitor.
Bishop	I think the janitor may get down to the kids' level better than we do sometimes.
Metro College	...and residence hall workers get to know the kids. How long have counseling centers existed anyway?
Pittsburg, Kansas	Teacher won't take time because he's not rewarded for it.
Metro College	...fifty percent didn't know the name of their adviser. We had a plan to assign forty members of the faculty reduced teaching loads in order that they could act as advisers. This plan was rejected.
Farrell	I think that the idea that you need a lot of time to

Farrell (cont) get to the heart of the problem can be modified. If the patient knows what the time limits of his interview are, he will still spend a third of the time getting reacquainted, et cetera.

The Head Resident of a Girls' School Girls do come to me with their problems and I know who to send them to, but the question is, do they go?

Pittsburg, Kansas Take them. It is important to keep the human proximity.

Alley But get your own relationship established first. Sometimes people refer students because they have been afraid to establish their own relationship.

Farrell If you concentrate your interest, in five minutes you can effectively help. Also, don't be afraid to say, "Come back sometime when it's convenient and let me know how it's going."

Hawxhurst (CU) Yes, follow up. There is nothing wrong with calling to ask how it's going.

Alley The person making the referral should always leave the door open so that the student can come back to him if he doesn't relate to the therapist.

Farrell It's rare that hostility doesn't die down after a few sessions, but it can happen. (Here Dr. Farrell told of a very hostile student whom he eventually had to turn over to another doctor).

Alley Usually students will blame themselves for failure to get along with the therapist.

(At this point the meeting had run considerably past the hour and adjourned at Dr. Edmison's suggestion).

Summary: The discussion stayed well centered and was fairly wide ranging; therefore, I find it difficult to make a succinct summarizing statement. The early part of the discussion tended, I think, to treat teaching faculty with contempt—or at any rate, with a thinly disguised hostility which I personally found distasteful, even though I would have to agree with some of the statements made. Later, there was a greater willingness to admit the view that professional counselors are not always successful. Also, all students in trouble do not necessarily need the kind of help which requires a professional psychologist or psychiatrist. Although it was not explicitly expressed, the meeting seemed to end on the note that some other concerned, adult person is often the disturbed college student's real need.

Thursday, July 20, 1967 1:30 p.m. session

Mark P. Farrell, Jr. — Panel Moderator
Panel:
E. A. Van Natta
Jack F. Wisman
Lewis Barbato
Harvey W. Schield
Allen Hodges

"THE COMMUNITY AND COLLEGE RESOURCES IN STUDENT CRISES"

Farrell: We will be talking in terms of the community and college resources for the student in turmoil. We have to keep in mind that the number of students in this category average between 6% and 10% of any given college's enrollment; and that when we talk about developing sophisticated or more extensive programs, we are talking about focusing our efforts on the most vulnerable group within the entire college population. The proverbial squeaky wheel gets the most oil. And obviously by the extent of the various colleges' interest, in their geographic distribution, and the time that you are all willing to come and spend, indicates that there are wheels squeaking loudly throughout the entire academic world that all of us are involved with.

I would like to introduce our discussants this afternoon. On my far left is Dr. Wisman who is director of the North Platte Psychiatric Clinic. Next is Dr. Schield from the University of Michigan School of Dentistry, where he holds an academic position but is a concerned and functioning member of the committee on student affairs and in this capacity has to do with the students in the Dental School who have become involved in crises. On my far right is Dr. Hodges, who is the Associate Director of the Regional Health, Education and Welfare office here in the Rocky Mountain area; and who, incidentally, was the key person who has helped both in the workshop and also in our local mental health center. Ed Van Natta is the next gentleman on my right here. He is a Psychiatric Social Worker with the Adams

County Mental Hygiene Clinic in Adams City, Colorado. Dr. Barbato who is the Medical Director of Health Services at the University of Denver, Dr. Barbato is a psychiatrist and has organized his health service to provide adequate psychiatric services. In a sense we have an academic person from a graduate professional school where they have no formalized counseling services as such, and where the academic people on the faculty take over this counseling role. We have a psychiatric social worker who functions in a Community Mental Health Clinic, whose services, the local college personnel has assiduously avoided using. We have a psychiatrist who is the Medical Director of an entire Student Health Service of a metropolitan college in a metropolitan area where most of the students are day students. Is that correct, the majority of them?

Barbato: Now we have about 3,000 who live on campus of a total enrollment of 8,200.

Farrell: So it has both aspects of the domiciliary college as well as the day college. Dr. Wisman is a director of a Mental Health Clinic which is remote from several colleges, I believe, and I don't know if any college has ever formally asked him for services, remote or not. He is a pilot like myself, and I am sure that there is no college that is inaccessible to flight within Nebraska, is there?

We will gear our discussion here this afternoon in terms of the various types of resources that are available. Are they being used when they are available? If not, why aren't they being used? How should the resources be used, when they are available? Last night at the postmortem there was some discussion of how do you refer a student to a remotely located psychiatrist. The implication being that the remotely located psychiatrist should spend his time giving services on a direct one-to-one basis. We raised a question, "Is this the most efficacious use of professional consultation?" Consider these questions as we open our discussion with Mr. Van Natta.

Van Natta: Thank you very much, Dr. Farrell. I was the last one to arrive on the panel here this afternoon, and other panel members were waiting for me at the back door. The reason for this was that I put on my necktie. You will recall that last night—I think it was Ted and somebody else were saying that it was rather noticeable during the mornings when you weren't a participant that you didn't wear a necktie. They added that you could wear a shirt, or a loud jacket, or whatever, but that you didn't wear a necktie. However, when you were on the panel, they had noted that every panel participant or speaker then did put on a necktie. I fully intended not to wear a necktie today. Some of you recall, however, who were here last year, that there was a psychiatrist here from Berkeley by the name of Harvey Powelson. I got to know him fairly well. Last night, after Ted's remarks, I called Harvey and said, "Harvey, would you send me one of your own sweat shirts with the dirty words on it that you wear out there on the campus at Berkeley?" He wired back, "Ed, I can't do it. Either the word has been erased and replaced by the name Reagan, or the name Reagan has been added to the dirty word. Consequently, it would be more appropriate for you to wear the necktie." Taking his advice, I decided to wear my necktie and that explains why I am somewhat late for this panel discussion today.

My assignment for this current workshop differs a great deal from that given me last year by Dr. Nelson. For those of you who were here last year, you may recall that my remarks were addressed to the general topic of The Techniques for Short Term Crisis Intervention Therapy which were applicable for most people in crisis, including college students.

My frame of reference last year was relatively parochial, as it will be this year. Again, I'm talking to you about my own clinic and my experiences there. One of the features that I appreciate very much about being here this year is the fact that this experience is going to help me very much as we open our new comprehensive center in January of 1968 in Adams County. I hope to gain some ideas and new thoughts from you folks about what we can do in Adams County for the college student in crisis.

In essence, last year I was relatively anxiety-free in presenting that material, because it is fairly well accepted throughout the country—the various techniques that are being used in crisis-oriented therapy on campuses and other places, including mental health clinics. My assignment for this panel this year, however, finds me much more unsure of myself in what I want to discuss with you. Preparation for this assignment, in short, caught me flat-footed in that it only served to raise many questions in my mind that at this point I can't really begin to answer. Specifically, Dr. Nelson asked me, and I paraphrase here his letter to me, "to comment freely and honestly on what I feel the role of the community mental health center should be in relation to college students with emotional crises or with some type of chronic incapacitating psychiatric illness which either causes them to disrupt or to discontinue their education or seriously hinders their academic and social adaptation to their intellectual endeavors."

Now what caught me off balance about this assignment included the following facts: (1) Although I represent one of the suburban clinics of Denver, i.e., the Adams County Mental Health Clinic which serves a population of 165,000 people, a relatively thorough search of case records for the past five years showed that the clinic treated only eleven cases of college students in emotional trouble of one kind or another. During this same period of five years, approximately three-thousand new cases of every type were diagnosed, treated, or referred elsewhere for further intensive treatment. In other words, roughly five-hundred new patients a year have been seen in our clinic. The question here is: why this insignificant number of students, given a county of 165,000 people, a clinic which has been able to operate without a waiting list for diagnostic and crisis treatment, and a clinic located in a metropolitan area wherein abound a number of institutions of higher learning such as Denver University, Regis College, Metropolitan State College, Loretto Heights College and Temple Buell College.

Granted, Adams County has, generally speaking, a lower socio-economic level than its three sister counties. Granted, it is a young county in terms of population—i.e., young families with below-college-age children. Yet, there must be many colleges within the Rocky Mountain area, and particularly within the metropolitan Denver area who have enrolled many students whose residence is in Adams County. Yet again, we have seen only eleven over a period of the last five years.

The second question that has caused me concern about this assignment is that, in spite of the great strides the clinic has made since my last appearance here in terms of receiving both construction and staffing grants for expansion into a comprehensive community mental health center, under Public Laws 88-164 and 89-105, there was one specific population that the staff did not plan for while pursuing the obtaining of the federal funding. That population, of course, was the college student who finds himself in crisis. During the course of our planning for our opening on January 1, 1968, we have planned extension of our traditional out-patient services and made plans for increased community consultation and education and added emergency coverage for not only the daytime operation of the clinic but also for a twenty-four hour emergency coverage, as well as for day hospitalization of the more seriously ill. While we are going to have many new treatment modalities for both children and adults, including emergency services mentioned above, I am surprised, and have been surprised for the past three weeks, as I have been thinking about my participation on this panel, about the fact that we have not made any plans for this special population of the college student in crisis.

But here again, after seeing only eleven college student patients in five years, perhaps we were so little impressed by this group's need that we rightfully ignored it. Also, we were perhaps influenced in our planning, or omission in planning, by the fact that there is no institution of higher learning in Adams County. Two or three years ago, a vote by the people turned down a community college planned for the county. There is fortunately, however, still pressure for this type of educational facility but at the present time we do not have an institution of higher learning within this populated area.

Still another puzzling set of facts that struck me about our clinic and the eleven students that we did diagnose and treat, was that all but one of them had withdrawn or been asked to withdraw from their respective colleges as a result of their psychiatric problems. They had returned to their family homes, become embroiled again in either an old family conflict or, by dropping out of college and returning home, had created a new family crisis, and in these cases we worked not only with the student (or perhaps the ex-student, I should say here) but also with the family unit. None of the eleven were self-referrals to the clinic, but came upon the insistence of a parent or close relative. None of these students came as a direct referral from the college from which they had withdrawn. Only four indicated that they were counselled by college personnel to seek "some psychiatric help when you get back home".

In none of these cases were there any attempts by clinic personnel, including myself who treated five of these people, to obtain information from the counseling service of the college involved, even though the patient might well have given permission for such information to be obtained by the clinic.

Only one student of the eleven was in college at the time of crisis and continued his studies while being treated by us. He was a law student with paranoid tendencies who was helped into a remission of symptoms through intensive marriage counseling and supportive, reality-oriented treatment around lowering his own expectations of himself and of his family. He was over-working himself and slipped temporarily into an exceedingly upsetting condition.

Clinical findings in the other ten cases included reactive depression to separation from home, feelings of inability to live up to parental expectations, latent homosexual feelings leading to incapacitating anxieties and inability to live in a dormitory situation, problems at home including fear of divorce of parents, parental illness, molestation of a young sibling of a freshman girl of an out-of-state college, which, when she learned of this, immediately decided to come home to handle the situation and to play the role of the "family healer" and also to "confess" that she too, when a young teenager, had been molested by her father. These, in general, are the types of cases we saw. Now, in essence, I feel the above facts and figures are somewhat of an indication that for reasons largely unknown to me at this point, my clinic has not been used as a resource for psychiatric help for college students in trouble.

The community clinic with the college or university within its geographical service area such as the Boulder Clinic, the Weld County Clinic, the Larimer County Clinic or the general health and psychiatric clinics at D.U., might very well have a different set of facts and figures to relate to you in terms of their experience with college students and with the relationship to the health and counseling services of the colleges in their areas. Generally speaking, our limited work with the disturbed student has not been of a preventative primary or secondary nature, but more has been tertiary in therapy in the sense that we have really rendered services to students who have developed extremely severe problems and have had to discontinue, or at least disrupt, their college work. Our follow-up has been incomplete in the sense that we do not know how many of this eleven, save the one mentioned above, were able to continue his or her education. In short, I am afraid we have not done too good a job with the ten students. These were severe emotional problems which were extremely deteriorated, coming to us after the student had left college and whom we, for the most part, were unable to help resume their educational endeavors.

I can assure you, however, that work will be devoted to further investigation on the clinic's part as to why it has played such a minimal role as a resource to Adams County college students in emotional conflict. We may very well find that the population we serve in Adams County does, indeed, have a significant lower number of young people in college proportionately to other counties of comparable size, or the fact that there is no college within the community significantly reduces the demands for our service. On the other hand, we may find that there is poor communication and lack of knowledge about the existence of services offered by our mental health facility to the many colleges within the Rocky Mountain region which have Adams County students enrolled in them.

Eight of the eleven students that I have mentioned above were in attendance at out-of-state institutions, mostly in the Rocky Mountain area, while only one was in attendance at a college on the east coast. The fact that eight of these eleven students were in attendance in out-of-state institutions and the lack of communication between these institutions and our clinics, probably contributes to the relatively poor treatment success we had with the students in terms of helping them to continue their education once their problems were treated at our clinic.

I do know that with expansion at the first of the coming year, we will be in a position to offer excellent immediate psychiatric service, ranging from out-patient help to 24-hour emergency care and hospitalization to students in the county who are in need of more intensive treatment than your own counseling or health service may be equipped or desire to handle on your campus.

Also, cases in which Adams County students are able to continue in your classroom situation but find themselves in old or new conflict with parents who still reside in Adams County, it will be within our range of services to offer your counseling staff and the student help with the "family-back-home situation," should the latter so desire it. Proper communication between all parties could be arranged conveniently. For example, a student in the University of Wyoming, coming from Adams County, might be grossly concerned about the marital situation at home, or family illness. Or, he might be concerned about an old, unresolved conflict that he had with his parents which was never resolved at the time of his entering the University of Wyoming. Should this cause him trouble in his adaptation at the University, and should he seek counseling there, it might be possible for us in Adams County to contact the parents upon your suggestion and their permission, and to work with them while you continue to work with your student at the campus level. Communication, as we all know, is relatively simple either through letter or by telephone, and perhaps in such a situation as this the student and his family unit could be helped without the student needing to drop from his college endeavors.

I would like to pose one more problem to you for your consideration in terms of what we might be able to offer to you in the way of a resource in the future. Presently, most of our work in Adams County with the older teenager (and I am thinking of the 17 and 18 year olds) seems to center around the delinquent or drop-out problem, or the family conflict. However, we do run into crises of this nature from time to time, with the family who has a teenager who is capable of going to college, who has not a long or serious delinquent record, but is in direct conflict with the parents around such problems as future life goals, choice of college to attend, etc. We could render you indirect service by working out this conflict or attempting to do so, and it might prove that our records would be of value to you should the student later enter your health or counseling services, indicating that he was having some difficulty with his parents; if he and his parents were to give permission for you to contact us about the pre-existing condition, we can perhaps be of mutual benefit and here again pick up the parents for review of whatever current situation might be affecting the student's adaptation in your institution. Here, also I am wondering if our services could be extended to help prepare families and the teenager in a better manner emotionally for the first year of college. To date, we have had didactic programs for parents of young children, latency age and adolescent children around the problems they can expect in the normal course of events as these children grow up. It seems entirely possible to me that if there were enough demand from the metropolitan area institutions of higher learning, for instance, that we could institute a didactic program within Adams County for those parents who are wondering and worrying about where and what to expect if they were to send their child to X or Y college, either within the state or in the Rocky Mountain region. This, of course, is an area of our program where we could use a good deal of help from some of you folks here, representing your universities and colleges as deans of men and women, directors of counseling services, etc. As you well can see, we are not experts at our Center of what exactly goes on in a college or what some of the expectations are of students in their first year of work by most universities and colleges. So here I am talking about the possibility of a mutual communication and learning process in terms of how our clinic and your college might very well cooperate around the preparation of students coming to you from the Adams County area.

Changing the subject a bit, I would like at this point to pose questions to you college administrators, counseling personnel, medical personnel, etc. First of all, both last year and again this year, I hear many of you talking about the lack of psychiatric resources that you face in your areas, surrounding your institutions of higher learning. Also, this year you are again raising sincere questions of how to recognize the student's emotional upset, how to render emergency help, how far to go with your own help before seeking medical or further psychiatric advice, and questions of who should make the decision as to where to refer the student for help or whether to discharge him from school. These are all legitimate and tough questions that you are facing, and are asking again this year. One of the things that I was pleased about after listening to many of you talk, both last night and this morning in informal buzz sessions, was that these sessions held last year were of some value to you because I don't seem to sense the degree of unsuredness in you that existed last year. More explicitly, you are now seemingly asking such questions as, "What techniques of emergency treatment should we use?" more than "Should we use them?". Also, you are talking this year about the big area called "relationship," and recognizing it as a very important, if not the most important ingredient involving you and the student in emotional crisis. You also seem to be quite comfortable in recognizing what we in the mental health field have known for a long time, and that is that it is not necessary to have all of the degrees leading to expertise in mental health before you can help the person in emotional crisis. In short, you strike me as becoming much more comfortable with the fact that a person in trouble needs to like somebody first, needs to know that this other person can listen to him, will trust him, and do the best he can for him. I am very pleased with this reaction that I am beginning to pick up here today. This is not to minimize the fact that you do have these serious problems, too, of where to turn when you do get into a situation which you feel is definitely over your head therapeutically, and do need the advice of a psychiatrist or the other more highly trained mental health worker. Understandably, in many of your communities, such people and facilities are hard to come by or simply do not exist.

Now, as many of you are well aware, there is federal legislation, passed during the Kennedy Administration in 1963 (Public Laws 88-164 for construction and 89-105 for staffing), which allows many communities to provide adequate mental health facilities on a basis of local and federal matching funding. I cannot at this point get into the finer details of what is necessary in order to organize a local community for such action and the technical advice that is needed from the federal government in order to apply for funding. Perhaps Dr. Hodges will touch on this in a bit. I could stand here and talk to you for many hours about the many trials and tribulations that we went through in Adams County, in planning and obtaining local resources to match the federal funding for our program to open in January, but instead I will simply say that it takes a good deal of planning, mobilization of community forces of all types, and understanding and working with the power structure both on the local as well as on the state level.

My more direct question to you folks who represent college administrators and who represent the college community, is "Are you willing to either bring pressure to bear upon your communities to provide better mental health facilities; are you prepared to actively back up those in your community who may already be struggling to obtain local and federal funding for better comprehensive community mental health center care?" But, do you, as representatives of colleges and universities, really want to mix it up with what is necessary in terms of your local power structures to get the kind of mental health facilities that not only your college or university, but your entire community probably needs if they are lacking in such at this point? I would assume that most of you would answer these questions in the affirmative, and that you are as much a part of your larger community as you are a part of your college community in which you work.

Since I am assuming that you would be willing to use your influence and the influence of your institution to back a local community for more expansive services under local and federal funding, I would like to ask you this: "Administratively, would you enter into a cooperative effort within your community in developing a working relationship between your counseling service and the public mental health facility, once the latter was set up?" Also, would college counseling services and the campus medical facilities in any way feel threatened by the more extensive services offered by the comprehensive center which could be used as back-up care for you? As you well know, we in the various professions have our interprofessional neuroses. We certainly see this in the Denver area. Does the C. U. Medical School do a better job because they see people longer than we do in Adams County because we do short-term, crisis therapy work? Does the Jefferson County Clinic do better work because they do group intakes, and we do individual intakes? It gets exceedingly crazy at times, but these kind of things can happen between professionals and their agencies; all supposedly working together for the common cause.

My third question would be, "What type of communication and cooperation would you want from the mental health facility if you had it within your community?" "Would you want help with prevention, crisis intervention, long term treatment, consultation of counseling staff and possibly with the faculty, or work with the family and students, etc.?" These are just some of the things that perhaps during the next few days we could think about in our workshop here.

One of the members of the panel this morning remarked that he felt that the job of the college and the university and its faculty was primarily that of teaching and not that of mental health or the extensive treatment of students in trouble. I basically agree with this philosophy since it seems to make sense in terms of a proper division of labor. However, I also agree with another opinion that was expressed on this morning's panel to the effect that the faculty member of any department represented here by you, should have the courage and the sufficient knowledge to recognize and work with, at least briefly, the emotional problem that any individual student might bring to you, regardless of whether you teach domestic relations, international relations, or pure mathematics. In particular, in the group that I attended this morning, one gentleman made an excellent point about a faculty member being able, with some help maybe from his counseling service or maybe consultation from the local mental health facility, to make a good psychiatric referral at the proper time without damaging the student's relationship with the faculty member or causing the student so much panic that he wouldn't seek help even under the most dire individual psychiatric circumstances. In other words, it seems to me that it is not the question of saying to the student, "Now look, I like you very much, I think you are great, but I don't want you to tell me your personal problems. I am a Political Science professor, and if you want to know something about the political history of this country, I can tell you that, but if you have personal problems, you should go directly to the student counseling service or seek private psychiatric help for these problems." In our group this morning, we came to the conclusion that this type of rejection on the part of the faculty member could be devastating therapeutically, because the best relationship that the student in trouble may have at that moment may very well be that with the Political Science professor and not with that "stranger" down at the student mental health service. We also felt in our group that that particular professor, given the knowledge and the spirit and just plain "guts," might be able over two, three or four sessions to help the student get down to see the proper counselor without the student feeling that he has been totally rejected by the faculty member or led to believe that he is a "hopeless mental case."

Expanding a little on the point of view that I have already mentioned, i.e., concerning the ability to evaluate and to make the proper referral in the college setting of the emotionally disturbed student, I agree that many of these crises have probably existed in most instances for a long time, going way back into the childhood of the student perhaps. However, not every trauma of childhood has to be treated as it pops out later or comes to light under current stress and strain of Freshman or Sophomore adaptation in college. Better, it can usually be treated on a current crisis basis, but I also agree that colleges are in the business of educating and not in the business of long term psychotherapy of students. I certainly recognize that in some cases the crisis situation, in order to be best resolved, does require long term psychotherapy which I feel is much better done in the mental health facility than in the confines of the college or university counseling center. I think, with the proper backup facilities for those students who need long term therapy, and with proper communication between the college and the public mental health facility or private sources of therapy, that the comprehensive community mental health center, local mental health clinic, or local psychiatrist is the proper place for long term treatment. In other words, what I am saying here is that in essence I believe in a division of labor within a community concerning the student in crisis. One of the biggest problems in a community is to be able to avoid the duplication of services and the costly competition between the same type of services. I think in the mental health field and those areas where we could have proper mental health facilities that we must be able to work very closely and very strongly with the college community without duplication of services and with a minimum of friction between the two institutions, i.e., the institution of learning and the mental health treatment facility.

Finally, I do hope that some day we will have some form of institution of higher learning in Adams County so I can try to practice what I have been attempting to preach to you here today, and also to assess from a close point of view how a community mental health facility and a college or university can properly communicate and work smoothly with one another. Thank you.

Farrell: You are absolutely right, Ed, I disagree with you. You have just heard the second person involved in a clinic with very sophisticated services sitting right on the fringe of a vast metropolitan area that must have some college students, but apparently everybody ignores these available services. Now we would like to hear from Dr. Wisman who has a psychiatric clinic remote from any population areas either collegiate or otherwise.

Wisman: I was listening last night, too. And that's the reason I didn't put on a tie. Ed fouled me up. He was very informal when I left the room before we came down here. I thought he would put on something. But he put on a lot more.

I would like to explain to you the setting in which I work. It does happen that in North Platte there is the North Platte College, which is a two-year college. It just completed its second year. I guess, maybe, in their process of identifying they have not been interested in asking for services, although I have been working with some of the students who come individually for help, but not as particularly college-related. North Platte is about 72 miles from McCook, which has a junior college, to the south of us. We are 100 miles from Kearney State College to the east of us. And Chadron State College is in the northwest part of the state. The clinic that serves Chadron is primarily the Scottsbluff Clinic. Nebraska Psychiatric Institute has a Community Services Division which has the responsibility of trying to provide some measure of psychiatric services to the state, dispersed through six clinics: one at Hastings, one at Lincoln, one at Norfolk, one at North Platte, one at Scottsbluff, and with some outpatient services at NPI itself in Omaha. I am on the faculty of the medical school and on the staff of NPI, but I live in North Platte. I have done some teaching in Chadron, Scottsbluff, and Kearney. I had talked with Ruth Sisler (Dean of Women, Kearney State College) just last month, when I was teaching in a workshop over there, planning for coming here. I don't think it is exactly that they might not have asked for my services. It has not been too clear what my role at Kearney should be, since it is not in the designated twenty-five counties which I'm supposed to focus my attention on. But we're beginning to respond to squeaky wheels, so if they're going to holler louder than North Platte, we can go to Kearney—and that comes from the Chief, as of last week. So that there are some possibilities of doing something differently than we have done, right in our own state.

I think that the role in which we can function, as resources to colleges, is as a help in specific situations, where possible. For a crisis in Kearney (when I'm 100 miles away) I suppose the closest I can be is by phone. And then, they've already handled the situation. If they do choose to call, a lot of what I do is give, maybe, new ideas, or say, "That's what I would have done." Maybe also we help with providing some specific bodies of information which help college people deal with the situations that they're daily confronted with, in a more effective way, (support for the work that they are already doing). And I find that in many instances the people that ask me for help have already done the job. They have been able to do a better job than I could ever have done, because they have an understanding of the student or the person in the community. And they have a relationship (which Ed pointed out). You build on and use the relationship that you have with the student. Whereas, if you try to refer him to someone else (establish a new one), it all falls apart anyway. So it is much better, as I see it, to focus on the relationship that you have. If the student comes to you saying, "Help" (by whatever language he introduces this,) you then deal with it. (I doubt that he would talk to you about a headache (as people do with doctors), but he might not start out with the thing that is the biggest problem. But you should not minimize your relationship with the student—of whatever degree of intensity this may be. And I think then, also, that it might be helpful for us as professionals to do some educating in how to use consultative services.

I would like to take issue a little bit with Dr. Jellison. I don't think we disagree as much as this may sound (since we talked about it out of group and in group, too); but regarding the traditional role of the college as being primarily an educational one (if you think in terms of just didactic things), I think this is missing the boat. I don't think he disagrees that the role of the college is to teach living, too, but I don't know to what degree this follows in our comparisons. I don't think that we should try to make teachers into people who try to do psychiatry. We think only that a teacher should do the job that a teacher has to do. Then this is making use of the relationship that you have. The student may come to you where they would never even consider coming to a professional in the psychiatric field. So that you help at the level that you have, not trying to change the person or make them over. And I don't know if that's all of the way he meant saying that this morning. You are not expected to go into the business of making this person a well-adjusted adult. We don't even try this. We just try to help them work out their problems in the setting in which they are living. So that for you to relate as a person and as a friend is the most helpful thing I think that you can be. And I think that the school (we've talked in terms of the work that we've done with schools in Nebraska, thinking of primary and secondary schools), is a mental health resource—not from the standpoint of being a professional psychologist or psychiatrist, but to use mental health principles in doing the teaching and scheduling and all of the curriculum and the whole school or college program. This is a positive thing. And I find, as is so often the case, when you start talking about mental health, people are thinking mental illness and thinking of the severe problems and the ones that take so much time. The severe ones are problems that need dealing with, but the comparative incidence of these is low. And when you compare it to the needs of the general college population in which the principles of mental health are applied, it is something which should actively be dealt with and not as an elimination-last-resort kind of approach. So, thinking in terms of not focusing on and dealing only with the severe problems, I agree with Dr. Jellison. Also, that if you spend too much time with an individual person this is a distortion of your responsibility. So, I think to say, "This is as far as we can go and no further," may focus upon reality many times.

I find probably—particularly in our area (maybe this applies to others)—that we can relate to the college faculty and the counseling staff, where we could never (on the one-to-one basis) meet up with all the problems that would need attention. And where there is only one of me, (Dr. Haukebo and I are the only psychiatrists practicing west of Hastings: That is the whole western half of the state) so when there are so few of us and so much area and a lot of persons to deal with, then we have to work through other people as the most effective use of our time. Then this makes some of what we can do available to people that we might not even see. But there are not enough established supportive or consultative relationships. There are some that are available. I think there could even be more coordination between the persons who are already working with a given college population or faculty. What measures can one use when there aren't enough psychiatric referral resources? In other words, it may be ideal to refer a person to a psychiatrist, but there's no one there. Then what are you going to do? And it's still up to you! I think I would reiterate, that if you don't think that you can do a good job—if you tell me about it, I may, eight times out of ten, say that you did better than I could have done.

I think the professionals, as resoucces to the colleges, need to be thought of primarily as in an education-consultation type of role. And I would think of borrowing from Dr. Peter Peffer of Iowa that there are three publics that one need consider: The first public being staff or faculty. You may think that you know what the other person is doing and thinking, but this is often the area of biggest conflict. And when you think you've got somebody on your side; and you find out they really don't agree at all, and you didn't know it until—clunk!—here it happens. So you need to spend some time with each other. We talked about this some in group this morning. A lot of the breakdown in dealing with crisis situations is the fact that maybe the communication needs to happen between the administration and the teaching faculty. The second public is the student body. This can be done either in one-to-one or group relationships or in over-all educational activity or process. And then the third public is the general community, which are your alumni, the parents, other people in the community who complain about the activities and behavior of the student body, and so forth. I think also it should be considered that perhaps, as someone mentioned in our group at least, some of the people who need help are faculty and not only the student body. And this doesn't mean they're way out, but that they need to have a chance to talk over some things. I think everyone needs to have somebody to talk to about how they feel. And it's desirable if this can be someone outside of family. So, if you have someone available, I think you can keep in better emotional shape yourself.

Some of the problems that I think are coming up as problems for the faculty or counseling or administrative staff is, "Who should do something?" about a given situation, and "How should it be handled?" For instance: If there is a pregnancy out of wedlock, whose responsibility is this? What about birth control pills? What about drinking problems? You could handle this very rigidly and say, "If this happens, you're out." Or you could say, "This is the time when a person learns." And you allow them to learn by making mistakes. And the support you need is from other faculty and community—not in challenging what you're doing, but going ahead and supporting you even if they may not agree with you.

I won't go into all of the other things that we have listed as possible problems. But I think there is probably a need for some consultative type of relationship, and a need for the knowledge of how problems can be evaluated as to what is the problem and how to work them out after you have decided what you think the problem is.

I don't think Eric Berne wrote anything about these, but in terms of "The Roles and Games People Play" when you get into a consultative type of relationship, I have postulated four games here. One is, "Here come the magicians." They know you're going to do something that nobody else can do. Two is, "Stump the experts." Then they find out the experts can't do any better job with these severe cases than anybody else can. So that you're really in this to learn together. You find that you come out with something that neither of you knew before. A third one might be called, "Tell us" (after you've already told them). So that "Who's listening?" might be a subgame or something. Number four, "Someone should do something" (while the person who has the job to do figures out that it's theirs to do). I think that it should be remembered (and this is what Ed was saying at the last here) when you establish a consultation or request it, say what you want and then have the person that you ask say what they can do. And keep redefining this, as you go along, so that there is a minimum amount of frustration. So that when you get to the end of it you don't have to say: "Well, I thought you were going to do so and so."—"No, I said I was going to do so and so." These are valuable considerations to make.

Barbato: We have heard from time to time that this is the "age of anxiety," time of upheaval and crisis, and "hurry up this and hurry up that." I like to characterize this generation as the "can't wait" generation. They just can't wait to savor all of the facets of personality or life experiences that are potentially represented in a lifetime of living. They must have it now. They can't wait—just like little kids. They are better informed than any group that ever came to college. Intellectually, they also are probably the best prepared and, in most cases, they certainly are imbued with high ideals. But, unfortunately, they are not any more emotionally mature than young people have been in past generations and they can't wait. Of course, our advertising and news media in the things they present to people, potentiate this even further by asserting that you can have "instant" this and "instant" that, particularly instant popularity if you use this, that, or the other; so why wait? Pay now? No, buy now and pay later. You don't wait until you can afford something. People start out in business and right away they want to have two cars and belong to three country clubs. It seems, we just can't wait anymore. We have young people coming to school with varying degrees of emotional solvency, and it doesn't take some of them very long to spend what little they have in an attempt to savor everything that seems to be available to them in this age of so-called freedom or permissiveness. Some of them become bankrupt emotionally pretty quickly. And when this happens, you and I have a crisis to deal with.

Now, I would like to say a few things about our setup at the University of Denver and then make a few comments about our faculty. Although we have nearly 8200 students at the University of Denver this past year, we were actually responsible for about 6650 of them in the health service. These were students who carried at least ten quarters or who lived in residence halls, fraternity and sorority houses. About 3000 students live in residence halls and in fraternity and sorority houses. About 80 per cent of our students are from outside the Denver Metropolitan area and most of these actually come from out of state. We are not a commuter university anymore.

Out of the approximately 6650 students for which we had responsibility this past year, the psychiatrist actually saw 405 or 6.08 per cent, for a total of 1679 interviews, an average of about 4.14 sessions per student seen. The psychiatric staff I am talking about includes one and four-fifths full time psychiatrists (now, psychiatrists do not come in fifths, but we do have a woman psychiatrist who works four days a week and who may have to work five days a week next year), besides what I am able to do in terms of evaluations, handling emergencies and consultations with faculty and staff. We work very closely with every facet in the University—and this is not just a trite statement. We work very closely with the counseling service. As a matter of fact, one psychiatrist, the full time one, attends and participates in the regular staff meetings of the counseling service each week. There is a very close working liasion relationship between our two services. We receive referrals from just anyone in the University, including the faculty and we collaborate with deans on various problems; however, most of the cases, about 70 percent, are self-referrals.

It could be said that our ratio of psychiatrists to other staff physicians is heavily loaded in one direction, for while we have eight other physicians, they make up only four full-time equivalents. We try to take care of most problems through short-term psychotherapy. We do not believe that our function is to provide long-term therapy. This isn't to say that long-term is not needed in some cases; nor that in certain selected cases we don't provide it; for example, in certain cases where we are convinced that the student can continue to profit from the college experience and from therapy on an on-going basis, we may see the student for longer than what is considered short-term; that is, we may see such students a full quarter or even for two or three quarters. In such instances they are not seen every week but only periodically in a supportive role, or whenever certain crises arise, or when it is necessary to establish additional insights with reference to problems. We do refer students to private psychiatrists and to the Colorado Psychiatric Center and other hospitals in Denver when hospitalization is necessary. This is greatly facilitated by our student health insurance, which includes the same kind of coverage up to thirty days as is provided for nonpsychiatric admissions. This enables us to provide quick adequate treatment of acute emergencies requiring immediate hospitalization. In such cases we work closely with the private psychiatrist where this is indicated in terms of academic requirements and involvement of the family.

In addition to these things, I think an important resource in our University is the fact that all three of us psychiatrists have academic appointments. We are members of the faculty and as such, we have a close relationship with the faculty. While it is true that many of the faculty do regard us as health service people, I think they also think of us as faculty. We don't just have a faculty appointment—we actually teach courses. The course in Mental Hygiene has been taught every quarter by a psychiatrist, myself, ever since I have been at the University—twenty-one years. This also has been an important resource. We average about 100 students per quarter in the course. When I say that this has been an important resource, I mean this: The students identify us not only as faculty but also as persons who are cognizant of certain kinds of problems that students have. It is not unusual for us to get referrals from students by students who have been or who are in the course who say, "We have been talking about your kind of problems in Mental Hygiene. Why don't you go over there and see them? They can help you. That's what they're there for." Now, this is a very important resource so far as I'm concerned. This next fall we plan to have two sections in Mental Hygiene instead of one and the other psychiatrists will be involved in teaching one of them. Heretofore, they have filled in only whenever this was necessary.

Now, without seeming to be smug or to be bragging in any sense, I believe that our faculty has an emotional concern for students and has a very high level of awareness of the emotional problems of students. I am convinced of this not only from my work with deans but also from my contacts with various faculty people. I think this is a reaping of some of the dividends that resulted from an investment that was made many years ago at our University, which, unfortunately, is gradually becoming diluted with the addition of a large number of new faculty (Dr. Vattano and I were talking about this last evening), and might call for some rejuvenation or "recharging." The thing to which I refer is an in-service educational program for faculty instituted in 1947 by Daniel Feder, Dean of Students at the time. Some of you know Daniel Feder, I am sure. In my book, he is one of the most outstanding Dean of Students, who isn't a dean of students anymore, but is now Dean of a new School of Humanities at San Francisco State College. With the aid of various persons in the Health Service and in the Counseling Service, he organized and developed about a ten, or it may have been twelve, session program having to do with education or informing the faculty about the various things we are talking about right here in this conference. Each session consisted of a fairly well structured presentation followed by a lot of free-wheeling afterwards. These were held weekly on a Saturday morning from 9:00 to 12:00 and involved about twenty-five or thirty hand picked members of the faculty. The only repercussion that I ever heard from this was that a number of other faculty members felt put out and were unhappy because they had not been selected to share in this program—they felt that they were being discriminated against. You just can't pick everybody. It was hoped that those selected would be able to spread the word around in their respective departments.

Now, this to me, has paid off a great deal in dividends through the years. I think it is about time that something like this be done again. I know that faculty is supposed to teach. There is no question about this; but, as was stated awhile ago, is teaching just course content? Don't we have as great or greater responsibility in assisting the students with the maturation process of personality development, of learning how to live and how to cope with problems of day to day living? While we certainly can learn from our mistakes, I don't think that we necessarily have to make mistakes to learn. Otherwise, why education? One of the benefits of education should be that it makes possible for us to learn from the experience of others without having to duplicate their mistakes or errors; but we certainly do need to learn from the mistakes that we do make, and goodness knows we make enough of them without having to purposely make some from which to learn. This is where I believe the faculty has a responsible role to play and should be aware of many of the things we are concerned with here. This does not mean that they automatically are qualified to deal with these problems, although many are; and many problems do not require a lot of expertise as we might say. Sometimes these young people are just "being up" on this, that, or the other; and all they need is just a little support, a word or two, and they can take it from there. These young people have a tremendous amount of "bounce-back" and resiliency if the right thing is applied at the right time. It does not necessarily have to be a psychiatrist, by any means.

In spite of the fact that we saw a large number of students, we see a much greater responsibility in working with other people in the University in terms of an educative program designed to help them to learn to deal with the problems of students. In so doing they can work with the student first hand and at the first point of impact rather than our doing all of this as a form of "crises therapy" on a one-to-one basis. This isn't necessary in the first place. In the second place it would be impractical. Ours is largely a supportive role, an educative role to the rest of the University. Many problems are taken care of over the telephone in which all we may need to say is simply "you're doing fine; just stay with it. If this, that or the other develops, then I think maybe this or that or something else might be indicated." I wish to repeat, I don't believe that a faculty's responsibility is solely to teach course content. Faculty must share in the responsibility of promoting the maturation of the student and it is our task to assist the faculty in doing just that. In its concern for the healthy maturational development of students, the University, through its personnel, particularly the faculty and persons in the service areas, must develop a high proficiency in communicating with students in a meaningful way so that the doors are always open and the student knows where he can get help.

Farrell: You've heard four clinicians speak. Now I would like to have Dr. Schield talk with you about his role which is primarily that of a teacher. He is on the academic faculty of the University of Michigan, School of Dentistry. He will speak to the point of how he views his role in terms of counseling in reference to his primary academic responsibility. Dr. Schield.

Schield: Thank you, Mark. You know the Mark Farrell that I know is a little bit different from the Mark Farrell that I'm sure most of you know. I first met Mark when my wife and I were introduced to him and his wife at the time that we bought the house next door to him, and this was in suburbia Ann Arbor. Suburbia meaning that they were fighting alcoholism, adultery, and crabgrass. Before we left there we really had the best looking crabgrass in the neighborhood, too. Then there was Mark Farrell, the psychiatrist, who my wife accuses of making an absolute neurotic out of my four-month-old Boxer pup when he used to chase her down the street and tear up the lawns of the neighbors on my other side—not on his side. Then Mark Farrell, the golfer, that used to counsel himself along side the sand trap every time he missed the wedge shot.

It's a pleasure for me to be here, however, I'm not so sure that I ought to be here; but maybe if I can give to you some of the things that are happening to us and some of the things that we're trying to do, maybe then this is a contribution. Mark explained to you a little bit about my position at the University of Michigan; I do hold an academic appointment; I'm on a six-tenths basis teaching; I have a private practice also, but I am there full time for the courses that I teach. In other words, the students that I meet are met every day, five days a week from 9:00 till 12:00. The same staff is meeting these students all the time. Also in the dental school I have appointments in various committees, as you know many of the schools must function this way. I am on the student activities committee; the student clinic committee; and the student affairs committee. This sounds like a great big job but actually these committees are interrelated to one another. I am also a member of a committee on teaching.

At the university for years there had been quite a buffer between the student and the faculty. The student walked down one side of a hallowed corridor and the teacher down the other side and there just absolutely was no interchange. No crossing of paths, and God forbid anyone who rocked this boat. It wasn't done. There was no human communication. There were, however, a few faculty members back even before my time that used to conduct an interview (and it was always called an interview then) with a student, but mostly it was the dean who separated the sheep from the goats. He was the one that kicked them out or allowed them to stay, for better or for worse. After World War II, many of us who had joined the staff felt that there should be more of an interchange of ideas. We felt the Doctor ought to be able to listen a little bit, act a little human. Maybe we should have such things as picnics, parties with the students. And the first time that this was presented, I want to tell you it shook things up pretty bad. As a matter of fact, as these things started to evolve, a few of us were called into the deans office; and we were told, "Doctor," (and, you really knew you were going to get it when he called you doctor because he usually called you by your first name), "it's one thing to start a revolution and another thing to start some evolution, and maybe it would be nice if we just started some evolution." Well, we started this about fifteen years ago, and we're doing a great deal of counseling now, and a great deal of listening, and a good deal of interacting at the School of Dentistry.

Now, right out the back door, not fifty feet, from the Dental School is the Health Service with a psychiatric staff and a staff of psychologists; we have the Neuropsychiatric Institute that isn't too far away at the University of Michigan Medical Center. We also have a Veterans Hospital with a psychiatric staff, and there are some 200 psychiatrists in the city of Ann Arbor. But, you can't always get counseling or an appointment when you want it, when you need it most. And so it was pretty obvious to us that something had to be done within our own domain. We feel that we've got to do something to hear these students out. Now why should this be important to us? Well, we heard from a goodly number of students that they didn't care too much for the way some of the faculty members treated some of the students. We sent a questionnaire out—and I mentioned this earlier this morning in a discussion group—we sent a questionnaire out to three graduated classes and to the juniors and the seniors. They were very happy with the formal education that we were giving them, the technical aspects of dentistry, the biological aspects. They felt very confident that they could carry on a successful dental practice. But, they thought that many of the teachers were poor disseminators of material and the material was not up-to-date, dull and repetitious. The biggest complaint was that the teachers were cold, almost inhuman, untouchable, unattainable. In an open ended question at the end of this questionnaire, they were allowed to express whatever they felt; and I want to tell you that a large number of the staff of the School of Dentistry were really ripped apart because of their attitudes towards the student. As I said this morning you know it was almost a sin to stand at a door as a faculty member, and if a student came along with his arms filled with boxes, to open the door for him or say, "Excuse me," or something like that. Now maybe I'm over-playing this a little bit, but there was such a time. Now I, too, believe that our primary purpose is teaching dentistry or teaching per se. But as I was told by a Director of Higher Education at the University of Michigan, "If you're the type of teacher that gives a one-hour lecture once a week or more from 3 x 5 cards or maybe with some slides, you can be replaced by a teaching machine," and they do it. But he said, "What I really think you want to do is to show a little more warmth and personal contact in whatever fashion you choose to select, and to implement this, you've got to step down from the tower so that you can present yourself as a sensitive human to the problems of these dental students."

We've got a new building that the federal government and the state legislature of the State of Michigan have allowed us to build for 17-million dollars. We're going to go from about 96 students to about 150. We're going to have a six-story research tower to keep pace with the changing needs of the profession. We're going to have a new curriculum; a very flexible curriculum; and I think a very exciting curriculum, but what it's going to demand is a staff that is not inflexible.

In talking with Mark when he suggested that maybe I could be a part of this symposium or whatever you choose to call it, he said to me, "Harv, why don't you just talk about some of the problems that you face, these emotional crises." I was kind of glad to hear that Dr. McDivitt is going to settle some of the problems at the junior college level, and I hope that a lot more are solved at an undergraduate level so that when we get these professional students, there aren't any problems for us to solve, and that will be great. But, that's never going to happen, I'm afraid. So I'm going to tell you about some isolated cases. I'll give you four cases that came up in the School of Dentistry over a period of time, some of them rather severe, some not so severe, and I'll tell you what we did with them. You must understand,

and again as I said this morning, that most of us on the present teaching staff have master degrees in a specialty; for instance, I have an M.S. degree in restorative dentistry of which I took some twenty-five hours in the School of Education. But up to about ten years or twelve years ago, this was not the case. All Specialist degrees were in Orthodontics, Periodontics, Oral Surgery, etc. Very little emphasis on teaching but now more of us have received teacher training. We have seen some of the problems that other people face. We knew they were there, but we have a little more insight into how to handle them, just a little bit. We fully recognize our inadequacies. But let me talk about some of these cases. They're not unique in any way. I'm sure all of you have seen these types of cases, have worked with them.

We had a boy, freshman student, who was caught cheating. We work under the honor system at the Dental School. The student council reviewed his case. As a matter of fact he had been caught cheating about three or four times. They're a little more lenient in the beginning and then the penalties get more severe as time goes by. Finally, he was caught cheating on a final examination and it was decided that this was certainly severe enough. After counseling with some of the faculty of the School of Dentistry, it was recommended that this boy seek psychiatric help. We called the Health Service and made appointments for him. He kept his appointments and took a job during the summer time. The psychiatrist, after a period of time of working with this fellow, felt that he had been rehabilitated to the point where he now knew right from wrong, that he had improved his ethics, and that it was highly conceivable that we could readmit him. We did; we took him back. In the meantime, during the summer, he was married. Well, because of his cheating, one of the penalties was that he must repeat the freshman year. Now, six weeks after he was back in the freshman session, he was seen over in front of the girls' dormitory reading a lewd magazine, masturbating and was reported to the police. This happened two or three times; finally he was arrested. He admitted the acts and, of course, was dismissed from Dental School and referred back to the psychiatrist. I told this to Mark, and Mark said, "After all, we did cure the cheating. What else do you want?" This boy has not attempted to re-enter dental school at all. We have lost track of him as far as we are concerned. This is one of the more severe, sad cases of a person who is mentally ill in one form or another. This would be beyond the scope of a faculty member of the Dental School accomplishing very much. I think this is rather obvious.

Well, we had another student that entered as a freshman a year ago in September. In my capacity I am teaching the freshman and sophomores Preclinical Operative and Crown and Bridge dentistry and Dental Anatomy. This boy was battling his way through our freshman course. He ended up with a "C" grade, which is really a protest grade in professional school—a fringe grade. We had talked to him, counseled with him concerning his grade. We encouraged and tried to help. You know that one of the most difficult things in dentistry is for a boy to develop his motor skills. All of us have certain potentials, but to develop these, to refine them to the point where we can actually allow him to work on a patient is another thing. There are many ways and means, of course, of doing this and we're not here to discuss this, but the point is that if a boy is not developing his motor skills, this has a great negative effect on his course work. The lack of development of motor skills has more effect on the course work than does a poor grade in the course work have on the motor skills. So when a boy in our class is having trouble with his motor skills, we become overly concerned perhaps, because this is the bread and butter of dentistry. After all, he can be the most intelligent, highest qualified student in the world, if he can't pass the state board of examination, he won't be able to practice dentistry. So we did a great deal of encouraging, and we told him that this was the end of the freshman year and now when you come back in the sophomore year, we're going to start right in and see if we can't improve this situation. Well, he came back as a sophomore after a good deal of time had elapsed. We finished with this boy in January of 1966; we did not see him till the following January, of the next year. In the meantime, in August of that year he was married, and now we saw him in January and he showed a very noticeable flightiness, anxiousness, just kind of bouncing around the class—and unable to light anywhere. But, he made no complaints about his technical progress at this time. We called him in and told him that we were not seeing a real noticeable improvement from what he had obtained in his freshman year, and that we were going to give some technical examinations and a good deal was going to depend on the results of these examinations. Well, we got to the end of the semester and he knew that passing the course was very remote. He finally failed the course. Now up to this point we had no explanation whatsoever of what had happened. We thought we were going to get a boy that at least would show some improvement; we were hopeful. About two days after he received the grade, he presented himself to our department in tears and asked if he could sit down and talk with us. We retired to a private room, and he began to unravel a story that was quite unbelievable to us. He was married in August. He and his wife had moved to a little town just outside of Ann Arbor; they were living in a trailer. Two weeks after this, his wife was running around. He didn't know exactly with whom or where but she wasn't showing up at home and things were happening. She was a surgical nurse and later it was discovered that she was carrying on an affair with one of the head surgeons at one of the hospitals in Ann Arbor. Well, of course, you can imagine what this did to this boy who was married only two weeks. There was a good deal of guilt feeling all the way down the line and he went to a psychiatrist because he was just coming apart at the seams—that's all there was to it. The psychiatrist had talked with him and found him to be rather normal and said that really the wrong one was there or maybe both should be there, but his wife would not seek psychiatric help. So the effects of this, caused this boy to lead a life of misery; he could not perform; he could not improve himself whatsoever. At the time that he told us this story, the rest of his grades were fair enough so that we felt he should be enrolled in a summer session to see if he could improve himself. He said to us that things had improved at home somewhat, but they could never be what they were before and they probably never will be until something happens at home. We did offer one suggestion to him that hadn't been offered before. I said to him, "Do you know who the surgeon is?" He said, "Yes." I said, "Why don't you call him and tell him to knock this off; you are fully aware of what's going on and let's cut this out!" And he did it; he surprised himself; he didn't think he could do it. This straightened his wife up a little bit, too. The thing that I was telling Mark that was a little hard for me to understand was that the psychiatrist said to him, "Now Mr. so-and-so, this carrying on of your wife, a young girl with a highly successful professional man is not uncommon, especially in the Middle West." And I never got the Middle West part of it. Explain that to me someday, Doctor. In any event, these two people have some grave and serious problems to face—you know it and I know it. This boy took our summer session, he passed it with a "B" grade. Now, perhaps he has reconciled himself to this life—divorce was out of the question as far as he was concerned, because as he said to me, "I don't want to hurt the families." This is reasonable for him, maybe for other people it wouldn't be. Anyway, this is the type of thing that we are confronted with, and this is the effect it has on a boy performing in dental school, and this is what we did with the situation.

Another boy had been a fringe student throughout most of his undergraduate days; he just barely made the academic requirements. He was in our freshman class and he passed, but just barely. He took a leave of absence for a year to do something (and nobody could figure out what he did), but he wasn't failing and so he was gone for a year, he came back and started the sophomore year. He was not doing very well. If you are close to the students at all, you get what is probably known in the prisons or the hospitals as a "rumble," you hear about things. The rumble around was that Tom so-and-so was not very fair to his fellow students. In other words, he would step on any student that he could to promote himself. Well, Tom failed, failed our course. We had talked to him; I had talked to him. His father happened to be a State Board Member of Dentistry in Michigan. I knew his father very well. I knew the boy well—liked him. I knew he could perform, but there were some problems here—some things bothering him. I brought Tom in and talked with him and asked him if he wanted to talk to me. I had a few things I wanted to say about his grades. He said, "Well, I'm confused. I just don't know what really to do." It was pretty obvious there had been a good deal of parental pressure put on this boy because of all of his failings. His father was a very successful dentist. This was kind of the end of the road; if he doesn't make it in dentistry, he doesn't make it. And he and his father had a very nebulous relationship here, he really didn't have anybody with whom to identify himself. At least that was my feeling. He would have liked to have identified himself with his father because of his success, but they couldn't get together. So we talked; we sat down and talked for quite a long time. He did most of the talking and I did a good deal of the listening. I talked to him about the relationship of father and son and about my father and myself—what relationships we had and so on and so forth. He said to me, I told Mark about this too, "You know, Dr. Schield, there is nothing so lonely as a one-way love." I had to admit that he was right. He was asking for help, certainly; I think we helped him a little bit. I told him I was going to give him 24 hours to think about this. I wanted him to come back. I set a time; he came back and we talked a little more. I asked him if he wanted me to seek medical assistance for him. He said, "No! Not right now, I'm going to have to take this summer session. I'd like a little time to think about this." In the meantime, I thought for a long time, I wondered if I should call his father. Finally, I decided to make the call. I called the father and told him, "Dick, your son has flunked our course. We've done a good deal of talking with him. He needs some help. But if a son ever needed a pat on the back, he needs it now." He said to me, "Well, Harvey, that's fine. I'm sorry to hear this. Incidentally, if you see Tom would you tell him everything is O.K., and as soon as he gets home, he and I'll sit down and have a session." And I said, "Well, that's nice but, Dick, I think you ought to call Tom and you tell him that. I don't think it's my place to tell him." He did this; they did sit down; they did have this talk. The boy came back and we talked some more. He took our summer session and ended up with an "A" grade—the highest grade in the course. He needed a little boost, he needed somebody to talk to, somebody to listen to him. It's kind of gratifying, you know, because I'm not a therapist. I just kind of sit and listen and hope that

I make the right guess. But, you know, I'm really not too concerned I guess, because we run a telephone bill up in the hundreds of dollars—I got a psychiatrist but he's way the heck in Denver. I can call up there, the wives think we're a little bit wild, but we get some help.

I'll talk briefly about the last case, and the only reason I bring this one up is that it shows you what happens to these students when they get under pressure. We had three students that failed a written examination in dental anatomy. And I am here to tell you that this has never happened in the history of the dental school. Fail a written examination in dental anatomy—that just doesn't happen. The first thing we do—is to determine if there is something wrong with the examination. Well, we've got to give them another one; anyway, they're entitled to that. So, we gave them another one and, by gosh, they failed the second one. So, then, the head of the Department and myself sat down and worked out the validity of some of the test questions to see what's going on here—what are we doing. We felt that these boys were just tense, freezing up under the circumstances and that we should give them another one. So, we gave them the third exam. This is all we were going to give them. We felt that this is the end of the road, and, gosh, it ought to be. Actually, this is a matter of their knowing particular material, and it doesn't seem that it should be so difficult. So, we gave this examination, and because they are on the honor system, the three of them were given the exams and they then proceeded to a room. Two of the boys sat down right next to one another and the other boy sat in the top of the amphitheater. That's all right, on the honor system, sit any place you want. I got the examinations back and corrected them. They sign a little pledge and I'm sure you are familiar with this pledge: "I did not give aid to anybody, and I did not see anybody giving aid to anybody." They all signed it and when I corrected the examinations, I found one boy did quite well, passed the third exam with about an 85 or 87. I had the other two papers out in front of me, and as I turned the pages it was just as though I was turning one examination. Exactly the same drawings, the same answers right on down the line. Well, it was pretty obvious what had happened. So, I took the examinations and gave them to the Student Council and the Honors Committee. They reviewed the whole thing and felt there were some incriminating circumstances here, because these boys had been questioned about this before, and so, they took it to the Executive Committee of the School of Dentistry. These boys would not admit cheating and the boy that was sitting up above said he did not see them cheat, and we questioned him about it and he said, "I'm not going to get involved in this thing. I don't care about them." So here is one boy on the honor system breaking the code right in front of your eyes. Finally, after a little bit of grilling, they admitted that they had cheated. The admission was difficult. There was no doubt about that. The one boy was about 25 or 26 years of age. He had been a navy pilot. The other boy was very young. First time away from home—never had done anything like this in his life. He was just completely floored by this thing. Guilt beyond guilt. They had to write an essay concerning cheating and various other things. The penalty was that they repeat the course. The boy that was the navy pilot, the older boy, came through all of this trauma very nicely. He walked down the hall with his head up, shaking hands with everybody, and would even say hello to me, and I was the guy that had caught him. It didn't seem to phase him at all—that was nice. But the other boy, couldn't hold his head up. He would enter the school late. He'd wait till everybody was out of the locker room. He would avoid me whenever possible. Finally, I called him in because I could see he was just troubled beyond everything.

We began to talk. I said to him, "Are you so guilty about this thing that it has affected you to the point that you can't perform?" (in addition to this, his work was tailing off very noticeably). He said, "I would be lying if I told you that it hasn't affected me." I said, "But, look, I forgave you; I forgive you now. I tell you this. We all forgive you. You've paid your penalty. You've done everything we've asked. Now, let us then proceed on the right trail and let's go on forward. Other people have been in difficulty. People go to jail; they get out; they lead better lives—it's somewhat difficult, but they do. Let us see if we can proceed." This wasn't enough. All the forgiving that I could give this man wasn't enough. I called him in and talked to him again and I asked him then if there was somebody else that maybe we could consult with? Could I refer him to anybody? I asked him about his religion—he happened to be a Catholic boy. I said, "Are you close to your priest?" He said, "Very close. As a matter of fact he was one of the people that helped me to get into Dental School." I said, "Well, then my goodness, this is a great opportunity." "Oh," he said, "I can't go back and face him; he had too much trust in me; I just can't face him." Well, his other grades tailed off to the point where he finally flunked out of dental school. We tried very hard to do everything we could to help this boy. He has left the community. We've lost track of him, and I don't really know whatever happened to him. But, these are the things that we're confronted with, and this is the way they react and this is somewhat the way all of us react to the situation. I can't help it, but I tell you that everytime I see something of this nature happen to a boy where we finally lose contact, it bothers me a great deal to think that we have lost another soul.

Well, so much for these cases. And because of all of this, we are fully aware of the problems in the School of Dentistry. Just more recently, we have come up with a more formal presentation to the administration of the School of Dentistry from the Committee on Student Affairs. In closing, I will just submit this to you and hope that we can generate some discussion later on about some of the points that we are going to submit as to a counseling program in our dental school. I'll read this to you very quickly.

> "The Committee on Student Affairs recommends that the School of Dentistry develop an advisor program for dental students. The purpose is to provide a staff member to whom a student can go for advice and guidance and to provide an individual to whom other staff members can go should he desire cooperation in communicating with the student.
>
> It is suggested that advisees be assigned from each of the four classes to each advisor and that the assignment be made for the duration of the student's dental training. (And I think this is good. I am a firm believer.) It should be the prerogative either of student or advisor to request a change of assignment if this will best fulfill the objectives of the program.
>
> The Committee visualizes the responsibilities of the advisor to be: to serve as a liaison between students, faculty, and school administration; to aid the student in the resolution of personal problems if the student requests it; to offer advice and guidance if the student gets into scholastic difficulties; the advisor be available for consultation when the Student Affairs Committee is considering applications for loans; the advisor have further responsibility to recognize when professional aid is required in counseling and medical advice.
>
> The Committee believes it would be advantageous to have an outline of guidelines to advisors in order that there is a continuity of the relationship between students and advisors.
>
> The Committee believes that it should be required that the advisor schedule a brief meeting with the advisees at the beginning of each school year to discuss his functions and outline his responsibilities to his advisees.
>
> It would serve a useful source of information if the advisor would be required to submit a report of student problems to the administration of the School of Dentistry and to the Student Affairs Committee." (This is one we are really wrestling with and this is one that I think I would like some reaction to.)

We went through the faculty and we selected the names of men that we thought would make good counselors. We know full well that there are many men who are not interested in this whatsoever so why should we burden these men with it. We fully recognize that certain people are interested in students, but we also selected these people on the basis that, if I had a problem, I could go to this man and discuss it with him. And so, we have selected these names. I'm sure there will be some that will decide they don't want to do it, and that's fine. That's all right. I think there will be enough to go around. So this then is what we are doing at the University of Michigan. Maybe, it's not much, but it's an attempt. We can't always send them next door to the psychiatrist, but we have good contacts there and when the problem gets beyond our abilities, we feel that it's nice to have somebody right close by that we can refer to. Thank you.

Hodges: Thank you very much, Mark. I noticed that when he first gave the run down of the panel he said, "Here's a clinician and here's an academic type." He couldn't quite classify me as a National Institute of Mental Health Consultant.

I've been sitting here thinking of a story. The only one I can think of is from my own part of the country where the farmer is hauling a load of manure with his helper, and they are crossing a series of toll bridges. They come to the toll bridge and the toll keeper says, "What have you got there?" And the farmer says, "Oh, just a load of manure and my helper." And the next toll bridge the same thing happened. The toll man asked him, "What have you got?" He says, "I just got a load of manure and my helper." Finally, they came to the third toll bridge and this helper said, "Look, just one time put me ahead of that load of manure!" Now, I hope that that exemplifies—my feeling about being introduced as the NIMH "money man." If you have a good idea, we'll talk business. On the other hand, if you are one of these people who say, "Just give me money, the ideas come later," I kind of cringe at this.

Currently, I have a clinical appointment at the Med School and also I'm a lecturer at Regis College. Due to some of the remarks that I'm going to make, I hope that you don't feel that I'm an outsider picking at you.

One of the things that I have been interested in for quite some time is the "community," by whatever sort of definition you want to define it, and I believe one can see certain individual characteristics of a "community." I think you can see strengths, I think you can see weaknesses in the "community." I think of some of Nevitt Sanford's writing. For example, he is looking at university "communities," and he can see certain strengths and certain weaknesses within each of these university settings.

Now, about ten years ago Dr. Dale Cameron and I in Minnesota were quite interested in learning why five "communities" in Minnesota had taken full advantage of trying to develop local mental health services. One thing came out. Let me read this briefly. These are five "communities" that were successful in really organizing services for their people: "At the time of this writing, state-wide studies related to the establishment of additional centers of higher education are underway. Three of the five areas that have established mental health centers already have colleges in their immediate geographic area, and the remaining two are among the leaders in attempting to locate institutions of higher learning within their areas. It appears that not only are developments occuring in planning local mental health facilities, but that in these five communities planning is also occurring in other areas as well."

Well, this was ten years ago in a different part of the country. In preparation for this meeting I reviewed 13 communities in the Rocky Mountain region that are attempting to develop comprehensive mental health centers. In two of these communities there are junior colleges. To my knowledge and to the knowledge of the mental health center director, there has never been any involvement of anybody from those institutions in terms of trying to develop a community service. In other words, the liaison between these two junior colleges and this "community" effort is nil, nothing.

In nine communities there are four-year schools or graduate schools— the batting average isn't much better. In two of those instances, the institutions see this as an opportunity to develop a "training program." In nine communities where there are four-year institutions or graduate schools, the liaison and interaction has only occurred between two institutions of higher learning and efforts to develop a community mental health center. Now being magnanimous as I can be, I had to conclude that in 13 communities where there is close proximity to colleges and universities, in only four instances that I can even find where these people even talk to each other.

Now this sets me thinking. Ed mentioned the fact that in his particular setting . that , 2.5 patients per year are college-age students being served. The Rocky Mountain data concludes that the collaboration between these two "forces" in the community is almost nil.

This brings up a lot of speculations and questions. The reason why I pointed out to you my academic credentials, I don't want you to think I'm going to choose one side or the other; but I'm kind of an arbitrator. I hear college personnel say, "Those slobs out there! I'm teaching in the university, they don't give me any service." I hear the service people say, "What are those academic types doing in the Ivory Tower! Why don't they ever come out and try to put some of their theory in practice?" One has to ask this question: "Have we let ourselves as the 'academic community' get into a sub-cultural position where we really don't have any interchange with the town—you know, the-town-versus-the-gown bit? Is this isolation of the college community, because there is a tendency particularly out in this part of the country to say, "If you haven't lived here ten years, you're an outsider. Who is that guy coming here telling me? I've been a country commissioner for 27 years. Who is he to come in here and give me some suggestions?"

That's one view. There may be a sort of a superiority complex operating in college communities. "Those peons out there—we are the center of culture here on campus. So we really don't want to go out there and interact with _those_ people." I really suspect that there are elements of both these views.

One other thing, with the manpower shortage as acute as it is, particularly in the Rocky Mountain region, I think we are going to have to somehow, someway, collaborate. I suppose if one were an economist, one would say that we really have to be a pluralistic type of set-up where you've got two "institutions" both going a parallel course with very similar aims. I believe that we've got to accept the fact that the dualistic institutional sort of game, (the parallelism in terms of goals with no interchange of personnel) has got to cease. I sincerely think that unless we learn to collaborate and compromise our personnel and manpower situation we'll become much worse due to the recruitment competition from the east and west coasts.

Farrell: In closing this panel I would like to have you keep in mind the question that has been raised here and that is, "What is the most effective use of this remote and relatively unattainable psychiatric time that you all seem to have trouble getting, irrespective if you are 100 miles away from the clinic or in Michigan where there are 200 psychiatrists right out the back door of the Dental School, and they aren't available either. So, I wonder if it's a question of the lack of availability; or that psychiatrists are available if someone will just indicate to them that there is an interest and need for their services. Again, defining the psychiatrist's role as to what you want from them, what do you expect when they do come to provide services. As a partial answer, I hope that the concept came through for you to use what psychiatric services you have available to teach the people on the counseling front line; otherwise, use the psychiatrist, pick his brains, grab all his skills, take away his business, leave him destitute mentally and otherwise, take everything you can get from him as to how you can be more effective in your counseling responsibilities.

I think that we should reiterate the point that Dr. Barbato mentioned, of his involvement in the college as a faculty, academic person. I am sure there is a great deal of preventative psychiatric medicine going on among the students who enter into these mental hygiene classes that he teaches. Now that you (Dr. Barbato) reach 100 students per quarter, (this would be 300 per year) I'm sure if your experiences are similar to others, that the kids who are marginal or maybe a little bit shaky, that they enter these kinds of classes, where they feel someone is talking authoritatively and knowledgeably, to obtain some answers to the questions that they are asking themselves. I think a lot of preventative medicine goes on in these areas.

Some of the direct approaches that Dr. Schield has mentioned are interesting. I don't know how comfortable many of us would be in advising a patient, "You know the guy that's running around with your wife, well call him up and talk with him."—but it was effective. He emphasized a verbal exchange here, I'm sure; but it was effective in stopping the repetition of experiences that were a source of anxiety to his student. Again, Dr.

Schield's calling up of the student's father and telling him, "Get off your 'butt' and talk with your boy." When the father requested his cooperation, "Well, will you tell the boy this?" "No, this is your job. You're the father, you do it." Now, some of the other direct methods he meniioned, I'm not so sure of. I'm a little bit concerned about your saying, "After a little bit of grilling,"...I'm going to leave it to all of your immginations just how a dentist grills somebody. But, hopefully you will keep these questions in mind, and in particular—Dr. Barbato's remarks about how Dr. Fedder started the ball rolling towards a trend of more dialogue between the health services and the academic faculty.

Thursday, July 20, 1967 4:00 p.m. session

Mark P. Farrell Jr., M.D., Medical Director
Mental Health Center of Weld County, Greeley, Colorado

"HOMOSEXUAL ACTIVITIES—SYMPTOM OR DISEASE? DISPOSITION—LEGAL, ADMINISTRATIVE, THERAPEUTIC?"

We are going to talk about homosexual activities and raise the question: Is it a symptom or a disease, and how do you handle it in terms of psychiatric care and/or counseling techniques? I condider that homosexual activities are of two varieties: one is a symptom and one is a disease and depending upon several variables, I would make a legal, administrative and/or therapeutic disposition of the individual.

A homosexual reaction may be a reaction to a nonspecific anxiety. It is a nonspecific reaction and has no meaning in terms of sexuality, or perversion or as a permanent commitment to a philosophy concerning object relationships in one's life. This is a transient, evanescent reaction that occurs out of the individual's generalized anxiety. It's a rescue mechanism, and it's intended to handle a certain kind of need at a certain time; and as I say, it is a nonspecific kind of reaction, used to gain or perhaps recapture an object relationship. It's a very inefficient, regressive kind of attempt to handle object relationships, but it may be the only kind of relationship that's immediately available to the individual who needs it at the moment.

On the other hand, a homosexual character disorder is a psychopathologic personality organization in which there exists permanent, persistent, lifelong commitment to a specific, exclusive kind of libidinal object relationship which...(How do you like that for openers? I'm biased psychoanalytically so please bear with me. I'll run that past again). Now that I have your attention—a homosexual character disorder is a psychopathologic personality organization in which there exists a permanent, persistent, lifelong commitment to a specific, exclusive kind of libidinal object relationship, which idiosyncratic quality of object relationships organizes the individual's entire intrapsychic personality structure as well as the entire quality and form of all his interpersonal relationships.

The traditional psychoanalytic concept of the etiologic derivation of homosexuality is that it results from a failure to positively resolve the classical, Oedipal family romance of the son's rivalry with the father to possess mother; to the mother's exclusion of the father, and the son's necessity to stave off the father's anticipated, angry assault on him for stealing father's woman. Homosexuality in this context is viewed as the interpersonal behavioral expression of the internal, unconscious, cognitive conclusion that one must surrender the pursuit of possessing mother and any other person like her in order to survive annihilation by father and/or men in general. They forever surrender this quest for mother—or her substitute—in order to avoid the pain of the anxiety of the mortal threat from father. I agree with the psychoanalytic concept that homosexuality arises as a regressive, defensive maneuver to maintain life both physically and psychologically in the individual. I disagree, however, with the presumed structure of the conflict and with the presumed dynamics of the genetic factors that have evolved the necessity for the individual to implement the defensive homosexuality. The son does seek to possess mother, but not in a heterosexual sense. The son does seek to possess mother to the exclusion of father, but also with the exclusion of every other rival for her affectionate responses. He does fear the father's aggressiveness but not only towards himself. He is also fearful that father's aggressiveness will destroy mother somehow and take her away from him forever. The loving level of his seeking to possess mother is that of the young child of less than six years of age. Loss of mother at this phase of life has irreparably damaging life-long effects on any individual's capacity to form meaningful, mature, healthy, object relationships.

Homosexuality, then, in this context is one of the many unsuccessful, regressive, attempted solutions to the painful injury of the loss of mother. Homosexual experiences are entered into either on an acute basis to heal over an acute object loss and the injury attendant to this object loss. It is a self-applied, life-sustaining attempt by the individual as the most readily available way for him at a particular moment of crisis to survive the mortal pain of object loss and of avoiding the helpless rage and the oppressive depression that is attendant to the object loss.

Now, at this point I am going to ask for some questions. Are there any questions about the terms or the concepts I have used?

Hoewischer: Mark, do you intend this dichotomy to cover the cases of homosexuality that we would encounter let us say in the psych services and counseling services?

Farrell: Yes, I have four cases that I will discuss—two students, and two faculty, the four of them not necessarily being from here.

Hoewischer: In all senses of these two patterns?

Farrell: Yes.

Hoewischer: Do you think that to deal with these people you have to go back that far into the situation? It seems to me, you see, if you read Freud on this sort of thing you get all kinds of things. He'll tell you that all homosexuals are potentially paranoid, or that there seems to be a much higher element of paranoia and this sort of thing involved. It seems to me that in a lot of cases that I've seen in the past 20 years, the vast majority of them have had mothers, very dominant, castrating type mothers; and when you talk to these kids, maybe all this sort of thing that you're saying about protecting the mother figure and all this--that never seems to come out; now it might if you take your analytical approach. But these kids have a very, very definite fear of women because they have encountered a battle-ax from the day that they have any memory at all, and they're simply afraid. And I just wonder how far you would really push this whole business of a Freudian explanation.

And one other thing I would just like for you to touch on as you go through is, it seems to me that most of the people that I see who manifest these symptoms are people who have great difficulty in accepting responsibility. I just wondered if this had anything to do with it; because, it seems to me in one way, that homosexual relations involve a lot less personal responsibility than getting involved emotionally with a girl; and then all the things that can come as a result of that.

Farrell: Any other questions or comments?

Q: I have one over here, Mark. I've heard one Freudian analyst in Denver indicate in a lecture that probably the most damaging thing in the Oedipal situation is for the boy to win the battle. The passive father who says, "She's all yours." Are you going to touch on that?

Farrell: Not if I can help it.

Q. In other words he's not afraid—as I see it, with the old battle-ax, but he's intensely angry at the father who never runs the interference for him. He won Mom, not in the heterosexual way that she's all his, but that she's always on his back.

Farrell: Well, I thought if I coached my opening remarks in these kinds of abstruse, obscure terms at least I'd get your attention and we can kind of go from there with the details. Any other?

Q. I suppose in college work, especially in residence hall, and fraternity work, etc., one of our major concerns about homosexuals is that they'll make converts. Now, if this derives from something that happens to a person between his fifth and eighth year, is there not much danger of converts?

Farrell: Not much danger of what?

Q. Of people being persuaded to this way of life when they are of college age.

Farrell: There is a great deal of opportunity and likelihood that this would occur, because what I'm saying that the transient homosexual reaction is a nonspecific reaction to a nonspecific situation that produces anxiety. Otherwise, out of all the ways that one might handle anxiety, this is one way that one can do it. One can go out and get dead drunk; or one can go out and go dating or have heterosexual relationships; or one can pour all their efforts into achievement in school, or business, or whatever. These are nonspecific reactions to anxiety and depressive feelings. Alcoholism is a nonspecific behavioral reaction to anxiety. Overeating is also. But the one quality that permeates all of these is that these individuals are striving to regain or form a meaningful object relationship which provides for them a sense of warmth, security, closeness, and being loved as a person of some value, without attendant pain, degradation, humiliation, or threat. Their symptom choice is the closest solution they can find in which they can love and be loved with the least fear, guilt, or anxiety. If an individual chooses out of all the alternatives ways of how one might symbolically or in a substitutive way, or in a reality way, love and be loved, if he or she filters down, to an avenue of object relationships which is the least dangerous plus being the most gratifying, (a homosexual one) this person has traveled a long, painful, traumatic road of interaction with people that has been very damaging to him. Homosexuality is an object relationship. It's an interaction between two people, and it's predicated upon the individual's self concept and his capacity to love on some level. These individuals are seeking to fulfill feelings of an infantile dependency quality of being loved the way a mother loves an infant, and they are not looking for heterosexuality or its expression per se or a substitute for heterosexuality. As far as I'm concerned, the homosexuals have not gotten involved in the Oedipal complex. Are you all familiar with that dirty term, or what it means? Basically, as the boy grows up, the mother has been the source of any need satisfaction that he has had, and she has always been willing to provide satisfaction for these needs. Then he comes up against the onset of heterosexual feelings in his life, and he begins to direct this quality of feeling towards mother; and mother rebuffs, turns down, and refuses to satisfy. Then he is forced, by her rebuttal and refusal to fulfill these feelings, to turn outwardly from the family to find an object for these feelings.

There's a lot of anxiety, and a lot of sweaty palms the first time anyone is involved in seduction, either on the active or passive side. People are anxious about loving in a heterosexual way. It's a very difficult, it's a very complicated thing, psychologically speaking; and a lot of times the homosexual attitude is a way of fulfilling the need to be close with someone without undergoing the attendant and extreme anxiety of putting one's lovability and acceptability as a male or a female on the line. What if you approach someone in this sense and you are turned down—what devastating effects does this have? Homosexual love is a more easily obtainable, less anxiety provoking way to be close and to satisfy the need for closeness which produces some satisfaction with the least anxiety; and it's the closest thing that the person can obtain readily without undergoing a great deal of pain (anxiety). It's like the man who is starving to death. He may daydream about having a Thanksgiving dinner; but if he's starving, he'll take a dry crust of bread and an old orange peel. He'll take what's available in order to keep himself alive.

I feel that the majority of these relationships are on the basis of dependancy gratification of the quality that exists between the mother—a good mothering person—and the infant where there's a great deal of physical contact, a great deal of fondling and physical care, and the kind of contact between homosexual persons involves this kind of physical exchange. Most of the individuals I have treated, once you help them get by the defensive front, and you talk to them about what do they really get out of this relationship, then they talk about this caressing, fondling, coddling care which is the same experience that the child has with the mother when the child is under five years of age. In order for them to get this dependency gratification, they have to undergo the surrender of their masculine or feminine identification to some extent. They must undergo the pain of the loss of this certain level of masculine or feminine self-esteem in order to gain this quality of dependency gratification which they are really searching for; and they have searched their entire environment for it and they have never found it. But, again, homosexual love is the closest thing to life preservative and life sustaining affective contact with another person, and they are willing to surrender almost anything in order to get this dependency fulfillment and keep it. But the necessity to love in this way produces a loss of self-esteem, which is painful. They have recapitulated a frequently experienced kind of interaction between themselves and significant others. That is, there is pain connected with love and this produces the masochistic, the self-destructive, the self-defeating attitudes that we see in these individuals.

What I am saying is, that the basic quality involved in here is a masochistic kind of dependency love. The existence of the need for this masochistic painful, love is a reaction to injury. It's not an injury in itself; it's a response to being hurt affectively and psychologically, and it's a nonspecific reaction. What occurs here is, out of all the ways the individual might handle the need for dependency gratification, out of all the ways he or she searches for it there's pain connected with it. The interpersonal mechanics of how an individual person gets involved with other people in order to fulfill this painful, loving, dependent relationship, are multitudinous. There are all kinds and degrees of self-destructiveness. There are all kinds of self-defeating attitudes and behavior; and they are all part of a generalized response to the injury of object loss.

Take alcoholism: this is a classical example of a self-destructive kind of behavior. These individuals in their alcoholism, usually destroy their family relationships; do they not? The wife or the husband of the alcoholic who long-sufferingly, martyrishly puts up with the turmoil, the physical abuse, the financial harassment that the drinking gets the family involved in, but their classical answer to why they stick with the alcoholic is: "Because

I love them." So, they are saying in order to keep whatever kind, quality, or degree of love they have with this person, they are willing to undergo all these harassments, all this pain. The incidence of death in alcoholics, of course, is quite high from various ramifications of the drinking: cirrhosis of the liver, the number of accidents they get involved in with automobiles, or the assaults they get connected with, the social suicide that the alcoholic commits, the employment suicide, the way he destroys his self-image as a father or a husband or a mother. All of these things relate to suicide or are suicidal equivalents, because what drink does is to settle down the awareness of the rage and the depression that they feel all the time that is connected with these individuals' repetitive history, in reality, of losing, in a traumatic way, the people that are important to them.

Some of these concepts we are going to elaborate on in detail on Saturday morning in a more formal way, but today we're talking about homosexuality as one manifestation of this self-defeating trend. What are the therapeutic enigmas that we are involved in? Does anybody have the 100% answer for alcoholism? Nobody has an answer, right? How about homosexuality? How treatable is this in everybody's opinion? Did anybody ever hear of a surefire cure? How about drug addiction? Does anybody have any concepts about how treatable they are, or how willing anybody is to try and treat it? The individuals that get involved in this kind of behavioral actions—which are self-destructive in many, many different ways—have a very strong element of psychic masochism involved in their behavior and this psychic masochism is the difficult thing to overcome; and it's a difficult thing to understand; and it's very obscure; and I'm making an excuse because I can't explain it any better. Psychic masochism has application in understanding the literature on school dropouts, children who attempt suicide, alcoholics, people who do commit suicide, the 15 to 19 year old children who murder or the 15 to 24 year old group—they comprise 5.4% of the population, but they commit 14% of the murders in this country. They used to contribute .001% of the suicides; it was 2.3% about four years ago; now it's 4.5% approximately, from the statistics that come in from L. A. Suicide Prevention Center. These children get involved in many self-destructive modes of behavior; and the self-destructiveness can be seen in terms of academic suicide, social suicide, personal suicide, physical suicide, religious suicide, suicide in the minds of one's parents as no longer being a person of any value or significance in their eyes.

I'd like to present several cases. In two of the students the homosexual reaction came about secondary to an acute object loss. The two on the faculty: these are older individuals who have found that this quality of object relationship is the only one that they can deal with effectively and gain any modicum of a sense of closeness, fulfillment, and of being any value to anyone else.

The first case involves a boy approximately 18 years of age who came from an Eastern city with a boy several years his senior. Both of them came from homes broken by divorce in one instance, and desertion by the alcoholic father in the second instance. They had mothers who were dominating, oppressive, aggressive; and most significantly, they had mothers who would not permit a separate physical or intellectual existence separate from the mother's opinions and attitudes. There was a symbiotic relationship with the mother which the boy could not tear himself away from, but both of these boys felt the need to put some geography between "Mom" and themselves. They formed a close friendship which had no homosexual manifestations in it whatsoever back East as they grew up. They then both, leaning on one another, came West and thereby stopped their leaning on their mothers, who put up all kind of objections to their leaving home. Each of these boys lost their fathers prior to their age of six years, in these two particular instances. They came out West here, enrolled in school, and roomed together and were very, very close to one another.

The acute situation occurred when the older boy, who had been constantly telling the younger boy he had a lot of homosexual tendencies, seduced the younger boy. This older boy came out of the shower one evening and, not aggressively nor threateningly, approaches the younger boy and had this younger boy masturbate him and suck on his penis. After this, as soon as this exchange was over, the older boy began to vituperatively denounce the younger boy as being a dirty, rotten, no-good, etc., etc., homosexual; and just totally denounced him, ranted and raved against him, and said, "The only reason I let you do that was just to show you what you are." The younger boy was totally crushed by the older boy's rejection; add it didn't have anything to do with the homosexual vehicle which produced the rejection—only the rejection in itself. This younger boy felt so crushed and reactively depressed that he went out and bought a can of ether and drank it. He came up to the hospital in serious physical condition and extremely depressed psychologically when I talked with this boy, he covered up, and wouldn't really discuss what the situation was; I talked with the other boy and he wouldn't quite give me a story that seemed to be reasonable. The older boy was quite a disturbed, agitated boy who thought in a very confused way. So, I got the two of them together and had an interview with them simultaneously, and finally the picture I just described came out.

In the subsequent treatment of the younger boy, who was the most disturbed by this experience, (and again by the rejection from the older boy not the homosexual experience) the thing that came out was this loss of the father, and not because the father was a potential homosexual object, but because the father's desertion had exposed the boy to the pain of the mother's constant harassing, degrading, engulfing interest in him. The boy felt exposed to danger, unprotected, and felt rage at the father for not protecting him from this very aggressive woman. His relationship with the older boy was a symbolic father-son relationship; and this younger boy, in order to keep the relationship with this boy—which back East was on a tender, friendly, buddy-buddy basis—was willing to pack up and come West with him in order to go to school; when he really didn't want to do this, because he was still more closely tied to his mother than to the older boy. But he went ahead, out of consideration for his feelings about this older boy and the gratification that he obtained from the interaction with this older boy, he surrendered the painful security of the masochistic attachment to his mother. In other words, he surrendered an object relationship with mother in order to continue an object relationship with this boy which would become a vehicle to finally break the masochistic object relationship with mother. He underwent pain, anxiety, fear, worry about being dropped by this boy; and the quality of the relationship between the two of them was always a constant worry on the younger boy's part—that this older boy was going to find another pal and just drop him and not have anything to do with him. The angry humiliating rejection by the older boy reactivated in the younger boy's mind, all the pain connected with the father's desertion of him. His feeling being that, "I am unloved, unwanted, by anybody and by this boy either." The rejection by the older boy recapitulated the previous rejection in his life.

The fact that this boy was willing to take his life in a serious suicide attempt, because he had lost this relationship with this older boy, indicated the depth of its importance. Now, literally speaking, the reality of the situation today, 1966 or whatever year it was, is that this boy was chronologically old enough and socially mature enough to survive without this attachment to this older boy; but he behaved as if he could not live without this object relationship. So, this boy's reaction to this break up is inconsistent with the present reality; then the older boy's rejection of him must be a symbol of a rejection by an individual whose attachment to the younger boy must have been life sustaining: "I cannot live without him. If this person thinks I am nothing; then I must be nothing. The closest thing to being nothing is to be dead." And these were terms that he was thinking about himself in.

After all this happened, one of the physicians at the Student Health Service heard that I had this older boy in treatment also. And he said, "Yea, he's the same kid that got an erection the day I was giving him a standard physical examination at Student Health; and I thought there was something unusual about this. This had never happened in the seven years that I've worked in Student Health; and I was going to refer him to you, but I didn't. This older boy refused to come in to keep appointments, and I used the indirect psychoanalytic approach. I called the Dean of Students and asked him if he would get the boy over to me. This boy reluctantly, belligerently, uncooperatively, taciturnly came to the sessions. All the time fearing that I was going to bring down all kinds of retributive consequences on him for this act; I was attempting to approach him in a therapeutic way, but I was unable to develop a therapeutic relationship with this boy. Subsequently, this boy went out and got involved in larceny, as well as exhibitionism in a very obvious way (I guess that's the only way you can get involved in exhibitionism); but he did it in such a place at such a time that it was obvious that he was going to be picked up and arrested, which he was. The courts referred him to me in the Community Mental Health Clinic; I wrote an evaluation and told the judge this boy was quite a disturbed youngster in a lot of different ways and referred to his out-of-the-ordinary sexual behavior, a behavior which had a projected connotation from the observers to be sexual but, that this boy was ill, that he should have treatment. The court then on that basis went ahead and sent him back home to be treated intensively on an in-patient basis.

The other boy has continued to do well in school. I have not seen him in over a year and half, but the last time I saw him he was involved on a significant emotional basis with a young girl.

The second case is that of a young girl, which is one of the case studies that we'll be looking at in more detail Saturday. This is a young girl who was a transfer student who came here as a junior, with an exceptional academic record, an unblemished social adjustment in college and high school. She was living in a board and room situation with five or six other young college girls, and these roommates called Student Health Service and said that this girl was quite upset; or I believe they called the Counseling Center to start with. In either event, the patient was referred over to Student Health to see me because of her obvious signs of severe depression. She would go to her room, draw the blinds, close the door, and lie immobile on the bed for hours at a time just staring at the ceiling or being asleep. She didn't eat, she didn't sleep, she was truant from her classes, etc. These girls were concerned about her; and these girls, as students will, tended to protect her from the housemother's finding out that she was acting in these out-of-the-ordinary ways.

She came to Student Health. I saw her one afternoon and felt that she was quite depressed and agitated, gave her some medicine, told her to come back the next morning. She was somewhat better. I saw her at Student Health to start with, but then the next day I made an appointment to see her at the Community Mental Health Clinic because I had no time in Student Health—I saw her down there, increased her medicine 50% because, although she had settled down some, she was still quite disturbed. That afternoon she went to the Student Health Service and asked the nurse to look at her ear for she was having some pain in it. The nurse got all the utensils ready to syringe out her ears, and the girl became, what the nurses described as, catatonic. They became quite upset and we put her in the hospital.

Then the story that unfolded was that this girl had involved one other girl in the home verbally and intellectually in a very encompassing, engulfing relationship, where she would take this girl's time and attention and interest to the point where this girl was excluded from all other social contacts. She would talk with this girl in a very detailed way about everything that was on her mind. These marathon discussions would go on every night until three, four, five o'clock in the morning; and she completely engulfed this girl who felt that she wanted to get away from her; so she moved out of the room and board house to her aunt's home in town. The aunt was a registered nurse. Then this girl who moved out told her aunt about the nature and the quality of this girl's engulfing of her and taking all her time. The registered nurse-aunt, went ahead and felt this was homosexual behavior and made all kinds of contacts with people that caused a great deal of difficulty, which we'll go into more detail Saturday. But this girl, as I confronted her with this kind of comment that this is what people were saying or raising questions about, she began to tell me about a homosexual contact with a girl her own age back in high school and for the first couple of years in junior college, where she had the same quality of relationship in the terms of this engulfing verbal exchange and where, if one of them breathed out the other one breathed in—it was this kind of symbiotic contact with a physical fondling type of physical closeness. This girl left home in order to come here to get away from this engulfing contact back at home; but then she immediately had to enter into another relationship of a similar quality, because she felt the need for this and was very anxious without it.

Going back in her family history, we found that she has a very distant, cold mother who was a very intellectualizing person, a school teacher. And, really, there was no closeness or attachment to this girl by the mother. So, the girl throughout her growing-up years attached herself to her sister who was 15 years her senior; and then when this patient was 12 years old, her older sister (mother, emotionally speaking) died from the complications of polio, an illness which lasted less than 48 hours. She suffered this traumatic loss of this sister-mother; and from that point on, within a matter of months, she began to form this kind of attachment to girls—overwhelming infatuation and closeness and so forth—from that time on, both to her peers and female school teachers, etc. And when she came here she began to follow this repetitive pattern of object relationships that she had previously followed, which was a compensatory searching for the lost sister-mother; and in this sense, it wasn't an irrevocable character structure on her part that was going to be a lifelong adjustment.

This was a girl who was quite ill in other psychological ways other than the manifestation of the apparent homosexual equivalent contact. She's been treated, and she has plans of marrying this summer before she comes back to school to finish her senior year. She, with the help of treatment, has been able to shift out of this primitive, regressive level of object relationships; and we helped her through this stalemate that she's been involved in for eight years to the point where she can form healthy meaningful object relationships of a heterosexual nature.

This all can be viewed in terms of what several people refer to as buried grief: The loss of an object produces anger and hatred and rage of a murderous nature towards the object who left unpredictably and exposed the patient to all kinds of painful experiences; and a lot of times these children will not express or ventilate the grief; or if they do, express it by temper tantrums, antisocial behavior, fire setting, disagreeableness, all kinds of unacceptable behavior in terms of the adults in the environment. The adults in the environment cannot handle these derivatives of the child's rage; they suppress the child's behavioral expressions over the loss and the rage, which buries the grief, causes it to be repressed, but the derivatives of the unconsciously held-in rage begins to produce these other kinds of pathological object relationships.

Now we'll talk about one faculty member who was a young woman in her middle twenties who had never married who had a repetitive history of homosexual exchanges with girls her own age from the time she was in high school. She never had any treatment of any nature or counseling about it whatsoever, and she was able, as we went along in treatment, to see that the loss of her father by death when she was seven was the first significant object loss she had had in her life. She then, in order to replace the object that was lost, got a mongrel male pup that she adopted from someplace and kept this from the time of her father's death. She talked with this dog; she confided in it; the dog slept in bed with her; the dog went to school and waited for her outside. And this went on until she was approximately 13 years of age, and then her mother died in a car accident.

She then was shifted about from several disinterested, hostile, rejecting relatives till she ended up in a hostile, rejecting foster home where she was summarily hostilely rejected. She then went and got married in order to run away from a hostile rejecting environment. She married a hostile, rejecting man as a vehicle to get out from under the hostile rejecting situation in which she lived; predictably he treated her very painfully, because pain is always connected with their love objects. After this self-structured rejection from this man, she then began to become attached to girls because girls were not painful. This quality in her searching for closeness and tenderness went on and developed into outright chronic, repetitive, persistent, homosexual activities. She never expressed or directed any of this towards any students. It was always discreet and outside of the college situation, and she was getting along very well, as she perceived her situation. Then the woman that she was interested in summarily rejected her in an unpredictable way to become tied up with another woman. It was at this point that she became pathologically depressed and referred herself for treatment, and I treated her over a period of a year and a half. We weren't too successful in terms of she's still seeking love objects that hurt her. She always gets tied up with married men or losers or alcoholics or ineffectual men whom she must provide for; and in her dominating, aggressive, assertive way, with these ineffectual men, she, in a sense, recapitulates the role that she remembers her mother had with her father.

In all of these particular instances and in the literature that is at all thoughtful in terms of an evaluation of the etiology of a particular homosexual response, whether it's acute or chronic in an individual, reveals this kind of past history of loss of significant objects at significant vulnerable times, in the individual's life. This history of object loss by death, desertion, drunkeness, incarceration, military service, and now in the upper middle class, loss by the father's being gone a great deal on business—and this represents a symbolic loss rather than a literal loss—is replete in the family histories of a great number of pathologically behaving individuals and, particularly, in the age group that we are concerned with—the 15-24 year old individual.

Now the question of disposition: In each instance I attempted to set up therapy, and I think this requires usually long-term therapy; and then what to do with the knowledge that a faculty member, for instance, or a student is involved in homosexual activities as a way of life, as a persistent pattern of behavior. Do you talk this over with the administration? Do you inform them? (Don't look at me! I'm just asking. Don't bawl me out before I say it.) Now there's another situation of a faculty member (male) who approached and had homosexual contacts with two boys in his class, and these boys both ~~demonstrated~~ suicidal gestures and behavior, and this was a repetitive pattern with this man. What should be done in a situation like that?

Comment: Have him reported.

Farrell: Any other ideas? This is confidential information, you know, they are handing out to me.

Comment: You can't report him.

Comment: You can't but you can't let the situation go on, either.

Farrell: Well, what do you think I did? Do you agree that something should be done. This is a destructive situation in terms of the children,what could be done? What should be done? I'm just a consultant to the colleges. I have no authority. Tell you what I did. Taking a cue from my good friend from Ann Arbor, I called this faculty member in, and we had kind of a heart-to-heart talk, is what we did. And I said that I'd become aware of these kinds of activities; that it was an absolute necessity because of the destructiveness of it for these children who had been affected by this exchange, which they each entered into in terms of a fathering relationship. It was the closest thing to a fathering relationship they'd ever had; because this man was good to them; he was interested in them; he helped them with classes; he took them places, not purely for the exchange of homosexual contact, but he was genuinely interested in these individual boys as people. They presumed that this was all of his interest; and then the homosexual activity entered into it. Then when the man stopped the relationship unpredictably, these boys began to think: "What's wrong with me? Why have I been rejected, again?" All of the repressed feelings, both depression and rage, connected with past object losses plus the present object loss came into awareness, what could these boys do with these feelings? They could have gone to the administration—either one of these boys—and told; but then they would be killing academically and employment-wise the father or the symbol of father, and this was too much hostility for them. They could not express the rage constructively or with impunity to people who were outwardly important to them. So they turned it in; and therefore the suicide gestures.

So I talked to this man explaining to him that this behavior must absolutely stop, period, and that there were only a couple of alternatives open to him, that either he got treatment from whomever he wished, and I must be aware that he's in treatment and that this is an ongoing treatment situation that he must get into in order to resolve this. I told him if he could not or would not get into treatment, then I would talk with somebody about the situation. I know this isn't quite ethical, according to AMA and all; your hands are tied, but you cannot permit something to persist which is destructive; and how many people is it going to be destructive to? Both these boys made serious suicide gestures, and only happenstance that they were come upon at a time when they could still be resuscitated, and this kind of thing. You get involved here in a bind between what you're supposed to do, what you feel you ought to do, and when what you look at realistically and evaluate it realistically, you realize that somebody's got to do something. Of course, everybody shies away from this homosexual business, don't they? They nudge one another and talk about it among the faculty; or refer to it's existing here, there, but nobody does anything about it. If, indeed, something should be done about it; and I raise this question, "Should something be done?"

Barbato: Do they think it's possible to do nothing in a case like this?

Farrell: Well, recent articles in the Journal of the American Medical Association raised a question about the physicians responsibility in suicide, and what they should do about it. They've gotten a communication from a patient who is in their opinion a very definite suicide risk, and this has been exchanged in a confidential manner. And they raised the question: Should they keep this confidence or should they notify the responsible people in the individual's environment in order to obviate or sidetrack some kind of tragedy. And the import of these articles was that this should be done and is indicated.

Barbato: Dr. Farrell, there is no further communication existing between you and the faculty member, however, there is no privilege existing there.

What would have prevented you from doing something about the faculty member?

__Farrell__: In what context? I called him in and told him, just between him and me in this private session, that I was aware of this; and this was a destructive thing; and I am sure that he was very unhappy with it too.

__Barbato__: There was no doctor-patient relationship there!

__Farrell__: That's right. I told him that he had to get treatment. Well, the upshot of this was that he went and got treatment out of town, and about four or five months later he called up for an appointment with me and sat down and told me how grateful he was that I was interested enough to insist that he help himself. That was the upshot of the situation.

__Barbato__: Your official reaction to the initial situation, again, is not being a patient-doctor relationship. You could have reported him, and you could have used this as a means up your sleeve in an effort to convince him in a nice persuasive manner to go and seek help, or else. But if this had been a patient-doctor relationship, I could question that you would be in a position to do that. In such a direct manner you could have tried to work with him a couple of times and eventually get him to take some action. But I think that, right off the bat, you should report him, and in a patient-doctor relationship this is not advisable.

__Farrell__: That's right. I gave these boys an opportunity. Well, these two boys' experiences happened several months apart; and there's some question in my mind about who initiated the whole situation with the first boy, but when the second boy came in there was no question, psychodynamically or in reality, so I followed this particular course of action. The faculty member told me, in this one interview, where he came back after he had been in treatment with the other physician, that he expected me to be a judgmental and to be all hell fire and brimstone with him and to use this knowledge to destroy him; and when I talked with him in terms of, "You must be very troubled about this, and I'm sure these boys are boys that you like, and that you think a lot of them. It's obvious the way they talk of you and how highly they talk of you, he began to cry here. And then I said, "What do you suppose we could do to have you alter this which I think you are very unhappy with and certainly you are producing unhappiness with it which I don't think you intend; but apparently you need something which you don't get in the rest of your life. I think you are at a point of decision where you must do something or I will force the issue and that is, that you must get help. I must know that you have help so that I am sure that you are getting the kind of care that you should have." Here, I had brought in a man—and he expected me to hit him right between the eyes with a ball bat—and I offered him an opportunity to ventilate about something which I'm sure was very painful to him, and he accepted the help offered and went from there, and things have gone along all right.

Barbato: That's what I mean by persuasive.

Q: I was just wondering, Dr. Barbato is a member of the faculty, if he had been in this position; whereas, Dr. Farrell is in the role of the consultant, would there have been any difference?

Barbato: This was not a priviledged communications situation—it is all in terms of patient-doctor relationship. Now, the only problem I would have run into here is, if I would have started out with: "Look, this is just between you and me," then I had violated that confidence, I was in trouble, I think. And I don't think personally I would have started it this way myself, because I would have boxed myself into a corner. But I would have used, in a persuasive way, as Doctor Farrell has pointed out here, the two boys in the situation; and while I might not have persuaded him today to take action contructively, I would have planted the seed that we're going to see him again and we would have seen him again; and I would have in someway—without involving the boys directly, I think, because of the fact that they couldn't fill the father image here—that nevertheless, I would use this as a leverage to get this fellow to take responsibility to do something about this.

Comment: The privileged communication was with the boys, and you couldn't regard it anymore as being an aspect of privileged communications than you could if the faculty member had been violated.

Barbato: This is true and this would have necessitated the boys' permission before he would have done this.

Comment: We had a similar situation. In our particular case (and I'd like some comments on this, both you and Dr. Barbato) we talked to the young men involved in terms of what type of actions they think there may be if this activity continued; and what we got in that case, was a strange consent whereby they just told me that I could do whatever I wanted with the information in line with what we had discussed; mainly, that we had to do something along the line to contact him and let him know, or something like this. I'd be interested in whether or not with that as a preparation we were indeed killing the father image or whether we actually could make this a constructive episode for the boys, which is what we attempted to do.

Farrell: Now, this is an exchange between the boys and the faculty person or between two boys?

Comment: No, this is involving a faculty person.

Farrell: And the boys gave consent to use the information with reference to the faculty person as you saw fit?

Comment: Yes. Frankly, Lew, I don't think that once you see the fellow once—if you see him again you have a doctor-patient relationship with him. You're boxed in there.

Barbato: Oh no! No you don't. Because it's understood definitely that that's not what this is. You make this very clear. Now, in the case of the boys, this thing could be presented to them to get their permission, to understand that they're not killing the father figure at all. But this is one way in which you can save your problem. There are various ways in which you can persuade—an acceptable, legitimate way, I think. What is involved here—that you can get cooperation from people without cramming it down their throats.

Farrell: Well, I have to admit, to be perfectly honest, that if this man had not concurred with what I insisted upon in a quiet way, that I would have lowered the boom, administratively; because I felt that this was too destructive. Here were two lives that were quite in jeopardy, and I can't stand by and watch murders committed. Irrespective of ethics—medical ethics—I could not view my medical responsibility to all three parties as discharged if I let it persist. I couldn't sit with that, myself.

Barbato: I would agree with that, but I think that that's more hypothetical than real, really. Because, I think, that eventually in most of these cases, the type of people you're dealing with, you can usually get through. I think that the necessity for lowering the boom is, very precipitously—is more hypothetical than real in dealing with these kinds of people. They're already, pleading for help by their actions; we have to capitalize on that.

Farrell: Yes, by the increasingly careless way in which they become involved in indiscreet ways. These are messages, and we should hear them and act on them as constructively as possible.

Comment: I would like to make just one more comment on our situation in the fact that most of the boys involved had some identity confusion and possibly some problems which might be loosely oriented around this general problem; and this was a very precipitous thing in that respect, also. So I think that we made no attempt to get this information or consent early in the game. We held for a week, I think it was, with daily sessions with the young men involved; and I think it was actually therapeutic to obtain their consent, because it helped us to point out that there really was no relationship, that this was really not their father, and it was not involved in this way; and I think that actually letting them participate in the decision of this type was actually therapeutic for their identity clarification.

Farrell: And here's crisis intervention. Right here. You saw them everyday. This is a moment of need for an object relationship that will be supportive, interested, concerned, and protective; and this is the role that you fulfill.

Comment: I'd be interested in knowing what your position would be if, in this case here—the permission from the boys—if they did not give it to you, if they absolutely refused to let you use this kind of information in anyway, would you still have gone ahead?

Farrell: Well, depending upon how disturbed the boys were and how much they could tolerate in terms of anxiety, I would go ahead and use it anyway; and they could sue me if they wanted or whatever. But I still consider that it would be mandatory in terms of my own orientation to medical responsibility, that I'd have to do something about it, if no one else was going to do anything about it. You know, we always kind of hope that this will happen in front of the president's office, so he'll do something about it.

Barbato: There's another thing, I think, that you could do. I don't know how successful you would be all the time. You wouldn't have to disclose the nature of or the source of your information in anyway at all. Now, whatever conclusions he arrives at—you can't put a fence around his ideas, but you can certainly let him know what has come to your attention without disclosing the source or betraying any kind of confidence.

Farrell: Yes.

Comment: I was wondering, we were talking about this privileged communication and making quite an issue of it; and I think it should be. But I just wonder if many of the people here feel that all the counselors or deans are in the same position that you are? The information I get from legal sources is that we are not. AMA feels entirely different about this than APA or APGA, and we don't have the same protection in a court of law as you do, and therefore, we don't have the same legal responsibilities. We have the same ethical and professional responsibilities but not legal. So we are in a different position. And you'd better do something about it, from the legal information I get from an attorney. Is there an attorney here?

Farrell: You become an accessory after the fact, legally speaking. But of course this has to do with the exercise of inordinate power vested down in a small area that Father Hoewischer talked about last night. You have to be pretty judicious in the exercise of these prerogatives of power, and so all of these things raise many questions and ramifications, of course.

Comment: You get a pretty good suit against you for accessory after the fact, don't you? It's a legal complication; such as, burglary...

Farrell: Yes, but in this instance this is a statute in Colorado, you know: sexual molestation—indecent liberties I guess it's referred to...

Comment: Indecent liberties would be proper.

Farrell: Yes, and this is a felony and carries a sentence of one day to life until Eddy Speck got some court work done. I don't know what's changed but otherwise you're dealing with a situation that is a pretty serious matter. Thank you.

Thursday, July 20, 1967 — 8:00 p.m. session

Frank Vattano, Ph.D.
Associate Dean of Arts and Sciences
Denver University

Reactors:
Darrell Anderson
Sam Freeman
Howard Skinner

"AN ACADEMIC DEAN VIEWS STUDENTS IN CRISES"

When Dr. Nelson called me and asked me if I would like to participate in this particular workshop, I was very enthusiastic and delighted to have the opportunity because when he gave me the title, "An Academic Dean Views Students in Crises," my first reaction was, "My God, I live in crisis," so this shouldn't be too difficult, at least from the standpoint of the crisis angle. But I didn't want to write too many notes down, since he put me somewhere in the middle of the program, because I knew that after listening to certain individuals I would have to revise things. So I simply came with a blank sheet of paper this morning and have been jotting down notes all day, and so I hope this will cut down on at least some of the redundancy and perhaps make it a little bit more appropriate.

The fact that there are so many psychiatrists here, I feel it somewhat appropriate perhaps to at least tell you the story that we sometimes use with our faculty members when they sort of start bugging us. Apparently this patient walked into the psychiatrist's office, and he had this duck on his head. The duck was lying on its back with its feet up in the air, and the psychiatrist thought to himself, "This is sort of a strange thing." So he approached the person and he said, "Yes, sir, and what may I do for you?" Well, the duck said, "You can get this guy off my back," That story can also be told that the duck is sitting on the person's head.

And as long as the good Father, is here,I suppose it's only appropriate that I tell you the story of the little boy who was sitting in church with his mother and in the middle of the service he nudged his mother and said, "What's that flag up on the altar?" She said, "Which one?" He said, "The one next to the American flag." She said, "Oh, that's a flag to commemorate those who have died in the service." The boy said, "Oh." Then he thought for a minute, and finally he nudged her again and said, "Which one, the 9:30 of the 11:00?"

When I think about the topic of how an academic dean views students in crisis, I don't see too much distinction between how anybody else would view students in crisis. The only exception to that, I would say, is that I find myself in sort of an in-between or middle man kind of position. I say this because (at least I think it's a good thing—my students may not) I still get a chance to teach; therefore, I can, when things get very rough, identify with the faculty, and when that doesn't work out too well I can identify with the administration. But this does place me in a kind of position, I think, that does allow me to get information from many different sources. I get it from the students; I get it from the faculty; I get it from the administrators, the registrar, the counseling office; and I think this is one of the things that makes a job like mine a very exciting one.

But I'm sure you would not be too amazed at the variety of things that we do come in contact with in this kind of environment. You just imagine a situation, and I'm sure we have had one that could match it. Just to give you a little flavor of the kinds of things that we are almost continually exposed to, we had a heavy snowfall last fall, and, of course, the leaves were still on the trees and branches were all over the ground. It was rather chaotic-looking; you know, the trees were just literally destroyed. This student came barging into our office and I heard him out in the outer office saying, "I've got to see the dean. I've got to see the dean." The secretary said, "What do you want to see him about?" And he said, "The trees." I heard the commotion, and I walked out and said, "May I help you?" The student said, "Somebody's got to help them." I said, "Well, what are you talking about?" He said, "Well, the trees. What are we going to do about the tress?" "What about the trees?" "Well, can't you see the snow is destroying the trees? Look at the leaves. They're all over the ground." He said, "We've got to do something in a hurry." I said, "Well, what would you suggest?" He said, "Well, we've all got to get up and start shaking the snow off of them." I said, "Well, do you realize there are more trees than people?" "Well, yes, but we've got to do something about it." I said, "Well, I'm afraid that that's really not my department." He said, "Well, why don't we call the Air Academy and get the helicopters, and they can come down and swish it off." Well, at this point I began to wonder where this fit into my job description, and I referred him to the maintenance department.

Then, of course, there was the girl who came in..., they always start talking about grades. You know, "I really should have gotten an "A" and I got a "D." They start off talking about this kind of thing; and the next thing you know she starts crying and tells me about her make-up, and the fact that if her boyfriend ever saw her as she really was...and the next thing you know she was almost decomposed. I didn't think too much of it because you know women can get emotional under certain circumstances. But when it was three in the morning and the phone rang and she told me that she was going to commit suicide, I thought that perhaps it was more serious than I had originally thought. So after we discussed it for awhile, and I told her that she at least could have the dignity of doing this in the day time when there were more vehicles around and more facilities, she at least was able to contain herself for the next few days; and we did talk about it to a greater extent and got her over to more appropriate kind of help.

And there was the boy who came in having been on probation and having received three "WF" grades because he had to go home to his grandmother's funeral. Of course, we didn't know this at the time we reviewed his case. We just saw the "WF" grades, and he was suspended because he was on probation which indicates you can't do this. Well, a week after the letter was sent out he appeared on the scene, and he was explaining the situation that he had left in the middle of the quarter and he'd seen the people in counseling and he thought it was all straightened out and he had apparently forgotten to do several things like sign a few papers and tell a few people, but he was so emotionally upset that under the circumstances, he thought we would at least give him another chance, I agreed that it was a very traumatic experience, and I was very sorry about his grandmother, and something—call it intuition or what have you—suggested to me that maybe I ought to check the papers back east in this particular town where he lived to see if the obituaries did carry this name, I didn't find the name, but then that wasn't too strange. I may have missed the date. It wasn't too precisely stated. But the next day the boy's father came appealing his case. And upon appealing the case, of course, he indicated that the boy had left and nothing was mentioned, of course, about Grandmother at all, and I began to become very suspicious at this point; so I finally very subtly said, "Well, it was a terrible thing about the grandmother." He said, "What are you talking about, there's nothing wrong with his grandmother!" Well, the boy obviously was lying to get off the hook.

And then there was the boy who really had a very pathetic record at the university and as a result was suspended. Two days later his father appeared on the scene and he was very blunt about it. He simply indicated that, "Look, he's not going in the Army." And I said, "Well, we really can't be concerned with that because we can't have a double standard between male and female students; and it's unfortunate if this is the alternative, but we really have no control over that." And he said, "Well, I'll be very honest with you. If you give my son another chance not only will I pay his tuition, but I'll give any student of your choice full tuition for the next thirty years." Well, we thought that was very generous of him, but under the circumstances we didn't think it was appropriate that he should put these contingencies onto his son's admission, so we parted as enemies.

And then one more just to give you a brief idea of the kinds of things that occur just almost any time, is the sophomore boy who is just oozing with talent and ability. He has Board scores in the upper 700's. He has practically all "A's" except for a "C" in inferential statistics where half the students were graduate students. And his big problem is his parents, who frustrate him to no end. And I get calls from them; they come in to see me about poor Steven and about his health; and every time Steven approaches midterms he has some psychosomatic reaction. The last time it was so bad that he actually went into the hospital to get a deviated septum taken care of, and completed all but the last day of the quarter with a straight "A." During the last day the last lecture of that particular period in chemistry this summer, the pressure got too much for him and he fainted in class and missed the lecture that day; and, of course, the professor said, "Well, you can still take the final," but the parents didn't think it was fair that he missed one day of the lecture and therefore he dropped the course.

Well, again these are just flavors of the kinds of things that take place, which gets me to thinking when I'm given a topic like "How an Academic Dean Views Students in Crises." The first thing I think about is, as was indicated this morning by Dean Oppelt, crises are not always bad things. If we're talking about education as having some implications for utilization in future years, you know life is full of crises; life is full of turmoil, stresses and adjustments, and if a person doesn't learn how to cope with these in college or make the appropriate adjustment, I think that we're cheating him. And if we overprotect him in this regard I don't think we're doing a service at all, but a disservice. So I would say that crises are not necesarily undesirable. In other words they can be constructive; they can offer a student an opportunity to learn many forms of adjustment that are going to help him in the future. But when I think of crises in terms of how they occur on the campus and the different kinds of situations, I like to categorize these particular kinds of events. I think of kinds of crises, I think of antecedent conditions of crises, and I think of ways of handling crises.

Let's take this particular category. Let's talk about the kinds of crises at least as seen through my particular perceptions. Perhaps the greatest crisis I think that a student is faced with is his academic performance; his grades. Now some students may not come to college for the right reasons, but when they get there, they have to perform and there's just no getting around that. They must go to class occasionally. They must keep up with their assignments because they are going to be required to take some kinds of examinations or evaluations, and they are going to be given a grade. Now, true, this may be invalid. This may not be the most precise way, but considering the situation as it is, a student is faced with some kind of an evaluation. Well, grades are a tremendous kind of a stress for a student because if they don't measure up they are placed on some kind of a status, like warning or probation. If they do not make the particular grade, of course, then they're suspended. Now suspension is a rather serious thing from the standpoint of the student's academic future. For the most part it means he can't go to another school for at least a year and in some cases even more. If he happens to be suspended once and then returns for Act 2 and performs again in that way, he probably will cut himself off the academic circuit for a number of years, if not permanently. Well, this places a tremendous stress on a student. Today, we even have another built-in stress called the draft. Many students, unfortunately, are motivated to do well only because it keeps them out of the Army. So, we see that grades place particular stresses on students which can result in a number of different kinds of behaviors which place the student right in the middle of turmoil.

Another stress or kind of crises that a student is confronted with is related to the choice of a major. You know, he comes to college—he wants to be a liberal arts major, and you ask him what liberal arts is and he says, "Well, you know, a little of this and a little of that, and, you know, sort of like you don't specialize in anything. You don't want to be square." But he gets to be a junior and he starts adding up his quarter hours, and finds out that if he doesn't declare himself pretty soon, he may be around for a long time. So he is confronted with this whole decision of a major. And, of course, the parents want him to be a doctor, or they want him to be a physicist and, of course, he wants to be a musician or a literary person. So he has these particular crises because, if he goes home on weekends or communicates with the parents at all, he's continuously faced with this conflict of his major field of study. Many times he doesn't get the kind of advice; academic advising is perhaps poor in his situation, and he never gets to really sit down and talk to somebody about the difference between the majors or what he can do in the future with this particular kind of specialty. This becomes a crises situation.

Another class of crisis situation that comes up continuously, of course, and it's been alluded to all day, is related to the student's social life. You know boy meets girl; boy pins girl; girl returns pin; boy flips; girl attempts suicide. Something like this. This kind of a conflict is inevitable. It's always interesting to observe when all of the freshmen come in at the first part of September. They're all eager, and they're all ready to play the proper roles, and most of them don't know each other, and you think, "Gosh, they're just like kids." Aren't they wonderful? All that pliable material, you know, we could sort of shape together and maybe someday they end up as constructive citizens with values and education and all. And what happens? They meet each other and become contaminated, and within two weeks or three weeks, you know, they're threatening to jump out ten story windows. (We've got them arranged so that you have to be very, very thin to get out, because they only open a few inches, but they make some pretty good attempts). Well, these kinds of social crises having to do with boy meets girl, having to do with self-identity, with their own physical appearance, with the fraternity or sorority (if they pledge and they're not accepted) or rush and not accepted into the fraternity or sorority, this can have a tremendous impact upon their particular social or self-image concept. Well, this is a tremendous crisis because the results of these things end up in all kinds of behaviors that I'm sure you're well familiar with.

Then there's the class of crisis which comes under the emergency category. These things for the most part you have no control over — death in the family. I'm not talking about the case of the boy's grandmother, but I mean serious catastrophe of a death of a loved one, a death of a good friend in school or on some other campus, an accident that they may be personally involved in. And, of course, with the number of motor scooters and motorcycles around, this is always on the increase. (We've got to get more students to wear seat belts and crash helmets. Instead of beanies we're going to have to get crash helmets for the freshmen.) But accidents, illnesses...and of course every campus had a siege or an epidemic of mononucleosis at various times of the term, when it becomes very convenient to get some kind of a medical excuse for your performance. Well, these kinds of emergency situations can cause and continuously cause crises with students.

Then there are the cyclic phenomena. This particular class of crises is most interesting. In our institution we can tell exactly where we are in the quarter by the kinds of crises that we're faced with. There's a certain period of time when a student can drop a course without penalty called a "WP," withdraw passing. Well, two or three days before the deadline we get a tremendous influx of all kinds of diseases, sicknesses, excuses, because kids want to drop classes. The pressure is on; they haven't been to class; they haven't been doing anything, and they want to drop the course. This is one classic cyclic phenomenon. If a student has taken an incomplete for the previous quarter, he has four weeks in the next quarter to make it up so 3½ weeks into the next quarter we're deluged with tears. I use many, many boxes of Kleenex. My rug is shrunk up four or five times. It started out as a wall to wall; and now it's a little postage stamp in the middle of the floor, because students will again respond to these cyclic phenomenon in strange ways. In this particular case, the incomplete must be made up. If it isn't finished, it becomes a failure. Students have some absolutely delightful reasons why they should be given an extension of time.

Of course, midterms always present a crisis for students. When a person has an assignment three weeks hence, it is always very comfortable to sit back; and, of course, they procrastinate, and the paper isn't done. They will come in with all kinds of stories about how cruel the professor is; and how unreasonable it is to have three papers due on the same day, even though they were assigned four weeks ago. These are the cyclic kinds of things that come up at certain intervals throughout the quarter.

All right, these are the kinds of crises at least that we see in our particular office as academic deans. And when you look at these kinds of things, you know, of course, we ponder these all the time because we like to try to make the environment or the climate, the academic climate, as conducive to accomplishing our goals as we can; and so we try to search for the antecedent conditions which lead to these various crises. And some of these conditions I think are rather obvious. They've been touched upon this morning, but I would like to at least go over some of them. I think perhaps one of the greatest crisis we're faced with today is the fact that many students who come to college shouldn't be here. They're sent. They don't come. A student will come to college or will be sent to college for the wrong reason. They either want the prestige; they want to ski; they want to stay out of the army; they want to go to school because their friends are going to school; and what would they say or what would they do if they weren't in school; so they come for absolutely the wrong reasons; and it doesn't take too long before we find this out, because if they do come for wrong reasons, within two or three quarters, they're no longer with us.

Motivation is in part one of the things I have been talking about, but when I talk about motivation, I'm talking about real goal-directedness. Many students, of course, when they come to college, really don't have any idea about a major, or about what they're going to be doing ten years from now; but, by gosh, they ought to have some motives for knowledge. It would be nice if they had some appreciation for what knowledge can do to them in .

terms of change in their behavior. And all this may sound rather drastic, but it is the truth. Last week we were going over a roster of incoming freshmen for the fall of 66-67, and we had them ranked. We have 1,070 freshmen. The first person, rank number one, first fifth of her high school class, private prep school back east. She had a 765 verbal and a 747 math. We thought, boy, this gal is going to make it. All the way down on the other end of the roster, number 1,070...we took her because I happened to interview her in Chicago, and I was very impressed with her motivation. Her father was a dentist. A 338 verbal, in the second fifth,which was a pretty good rank in her high school. We had at first rejected her, and then she wrote and asked for an interview. We put her on a special one quarter review list along with 24 other students. Well after three quarters, what happened to our two people? Number 1 failed. She was in the Scholars Program. She was dropped from the Scholars Program in two quarters. She got a 1.6 average at the end of three quarters, and she was suspended from the university. And this poor girl down the line with the horrible 338, a 2.3 average, doing fine. Well, what does this say? It may say that College Boards are not good predictors. We think they're pretty good predictors; so is high school rank. But at the same time, I think what it really says is that, if you have the right motivation, scores don't mean very much. You've got to know why you're in college, and if you know why you're there, you can surmount all kinds of barriers and all kinds of stresses so that motivation, or lack of it, is an extremely important factor in terms of causing various crises.

Immaturity and lack of self-discipline is a very important antecedent condition to crisis. Students come to us and they have absolutely no idea what college is all about. They read the bulletin, and now they're really confused. They have no concept of self-discipline; and, of course, I think we contribute to this, because when we send all out brochures to the students, and we have our welcome week or pioneer week or whatever you call it, it's just a complete panorama of nonacademic functions. They come into the institution, and what do we show them or what do we show them in the catalogue? We show them the pond. I call it "Libido Lake." It sits right in the middle of the campus, and the mountains are in the background, and there's a little chapel there which people hardly recognize until such time as they want to get married. But we sent them all pictures of the hockey team, and we send them pictures of all the extracurricular activities and the mountain excursions; and some place buried in the corner, you know, we have a course here and there. We emphasize the wrong thing to the student. And, of course, they come on the campus, many of them will come throughout the previous year with their parents; and we show them the campus, but what can you show them about the academic in two or three hours. We give them the tour; and, of course, they are very impressed with the facilities and the location and the setting; and so the student is all enthused about this. And he looks at our little yearbook, the Mafia book, and that has all the organizations in it; and he says, "My gosh, this is great! It's a rest camp. Maybe I'll spend five years there." Well, then all of a sudden he gets on the campus, and he finds out that there are obligations. You know, there are things like classes and homework and reading and, boy, it really hits them. You know, somebody says, "Boy, why didn't you tell me all about this? All you told me about was the good times." And, of course, they can not make this distinction between self-discipline and just going along with the gang. We place them in dormitory situations, beautiful dorms, like the Hilton, you know, beautiful carpeting wall to wall. They've got fancy beds; they've got phones; they've got windows that face the boy's (or girl's as the case may be) dorm. Anything you want, the mountain scene, but what does this have to do with studying? We place them in turmoil. So they're sitting in the room, and they really have good intentions; and they sit down to read, and here comes the gang down the hall knocking on the door, and they say, "Hey, Jim's out there with his Mercedes, and Hank's out there with his Porsche. You're not going to sit here and study on a night like this." And she says, "Well, of course not. I can always study tomorrow." But you know there are just so many tomorrows, before we say, "Goodbye." And, really, students should know this. We should tell students, "Boy, if you don't have self-discipline, if you don't know why you're here and what you're supposed to do when you get here and do it, you're out." But, see, unfortunately—and, of course, we do go through the motions, at least during orientation week, (at least we have in the last couple of years been doing this) but they can't take it very seriously. They can't hear you with all the hair in their ears, you know. So this then, is an important reason or antecedent condition for crisis.

Another important antecedent condition why students find themselves in crisis, is because they come noncommitted; no values. Everything's neutral. They've come to campus you know, and they're one huge tabula rasa, and they want people to imprint upon their cortex all the things they're supposed to get as sophisticated men and women in college. But if they're noncommitted, and if they don't have a value system or a platform to stand on, (I don't care if it's a surfboard, at least you're on it), something to judge experience from, they've had it! They become very, very antagonized and frustrated when they are challenged in class; and, of course, they should be challenged when they go to class. If a person is very secure in college, in spite of a value system, well I think we're failing if we don't just literally shake him from the roots, so that they began to ask themselves the questions as to where they stand in the world. But so many students really come uncommitted. They're just committed to nothing. As Father Hoewischer mentioned last night, without values, without some kind of fiber, (even though it may change) but without some kind of basic value structure, the student is dangling. He reminds me of the Campbell Soup chicken noodle. I mean there's just—there's nothing there. There's no substance whatsoever. Students that come this way typically are very dissatisfied, displeased and either drop out or are dropped from the program.

Another antecedent condition of a crisis, of course, is extreme pressure for success. And, of course, success is sometimes very distortedly defined. Success on the campus, of course, can mean good grades, social acceptance, leadership activities. But, there's a t453rememdous pressure, depending upon the particular reference group the person associates himself with, there's a great pressure for success. And the competition, of course, (which is probably a good thing in some instances) is very superficial. I enjoyed very much listening to our distinguished guest from the Dental School in Michigan. When I was in graduate school at Ohio State I was in a car pool with four dental students. I was going to take my comps in Dentistry before I finished, as I felt that I knew as much about at least the terminology of dentistry, but it was very interesting to hear what the dentists would say about each other. We all lived in this suburbia. All we had was the crabgrass, though; and, well I was too busy to recognize the other things. And it was a funny thing, because these dental students were in such competition with each other that they would be very tired in the evenings; and they would look across the courtyard, and if Sam's light was on, that meant that he was studying, so they couldn't go to bed. But of course Sam kept his lights on all night. And I would be in the car pool, and you know I had a pretty good night's sleep, and I'd say, "How you guys doing?" "Oh, we were up all night studying." And it would come out along the way, you know, that Sam left his light on; and, of course, Henry didn't know that, and so he sat up all night studying. He didn't want to be outdone, because the competition was fierce, and there wasn't too much cooperation from the standpoint of helping each other. It was who could make the best dentures and this kind of thing. But I think we really—we perpetuate sometimes a very superficial degree of success, and students are very sensitive to this pressure, and this can really cause breakdown.

Another crises category is of the built-in variety—you know, the kind that is intrinsic in today's educational zeitgeist. I think that they were mentioned quite well in terms of the kinds of things that are created with respect to the classroom: superficialities, the inconsistencies, the professor that isn't there, the advisor that just doesn't advise, the wrong image we present to the student via our catalogues, the fact that a student that, let's say doesn't have much ego strength to begin with, comes to college, and we put a magnifying glass on him. You know college is a situation where you are continuously being evaluated. Somebody's always looking at you and comparing you to somebody else; and if you don't have too much strength or haven't enough self-confidence, what happens? Well, you break. Without the proper self-discipline and self-image a student can really succumb to the every day stresses and strains of the college environment.

Perhaps one of the greatest indictments that we could levy against higher education today in this country is the lack of value in our education. I see the Berkeley kinds of situations as real symptoms of students saying in essence, "Knowledge without value is worthless;" and, if you're just pontificating about enzymes, or about behavior, or about astronomy for that sake alone, and can't bring it down to the real world and put some value into it—forget it. Students may not agree with a particular value system, theirs (if they have one) may be 180 degrees out of phase with mine, but they want to see where we stand; and, if we're simply giving the material without the fiber, they reject this because we have to live in a world of fiber and value. I think that one of the crises that we built into the systems is we say in essence to students, "Here it is, kids. We've got all the knowledge. Look at all the courses in the catalogue. We're going to teach you all these facts, then you're going to go out and live in a real world, and you're going to find out that the credibility gap between what we tell you and what you have to really face, because we didn't tell you this in the context of a value system—is going to be something you can't live with, something you can't tolerate." I think that this is an actual disservice that we're doing to students today; so we try to encourage, (and this is not easy to do) but we try to encourage the professors to at least speak through their material and get some kind of value across, because everybody has some values. There isn't any person that I have ever known that can speak completely objectively. You reveal yourself as soon as you stand before the classroom. You can't help it, and in some subject areas, they know you the first day. It may take four or five weeks in some areas, but you reveal yourself. You reveal your values, you reveal the quality of your teaching through the material that you teach; and, of course, if we purposely disguise (as some individuals try to do) our value system, I think students resent this. They want to know where we stand. "What's your platform like? How can I have one if you don't have one?" "I may reject yours entirely, but I respect you for having one, and I respect you for telling me what it is, and maybe I even like it myself and will subscribe to it."

A couple of other antecedents of the crises that we see, are somewhat superficial, but they're important; such things as the great distance that some students have to surmount in terms of coming to college. As Dr. Barbato indicated about 75% to 80% of our students come from greater than 500 miles from the campus; and, of course, this immediately, for these young freshmen, presents some problems in terms of accessibility. They do make phone calls. We do know that when we look at their bills. But the distance itself makes it almost impossible to get home more than once or twice a year, and this shows itself in terms of students who are really tied to certain kinds of home-family relationships, and they find these very difficult to surmount with 2,000 miles between them.

And then the one that has been coming up here so far in the conference, and the one that I see almost continuously, is the broken home. The poor kid who really doesn't know who he is. The poor kid that doesn't know whom to run to. If he runs to Mother, Daddy will be mad. If he runs to Daddy, Mother will be mad. If he says on his card, "Send my grades to my Father," and Mother is paying some of the bill, Mother calls us and says, "Why don't I get the grades?", or visa versa. It's a tragedy all right, because a student that really comes to us on shaky grounds from the standpoint of his family environment, which let's say is an unstable one, is a student that is always going to have trouble. As was mentioned this morning, many of the crises that we see we can't do anything about, because they're the result of long-term antecedents that started when the kid was four years old and in two or three counseling sessions we're not going to make a dent. The only thing we can do for this person, in my judgment, is to try to get him to some referral where over a long term we can make a dent into the problem. But my own personal convictions are, a person that is very secure when he comes to college, is really going to have to have some trauma to shake him off his platform. He's going to be able to meet these adjustments and these crises and come out on top, because he has some basic substance going for him.

So if there are certain classes of crises and there are certain antecedents at least as I see them, how do we handle them? Well, nothing profound here, this is the kind of thing you've been hearing all day. It seems to me that whether we like it or not, we are in loco parentis. There's no way of getting around it. Not because we want to be, necessarily, but because the parents want us to be; and if we could draw a clear dichotomy and say, "O.K., Buddy, you tell me whether you want us to be in loco parentis or not; and you have your parents sign it right here. You can be anything you want, I just would like it in writing. We'll play it that way." But we can't do that. I hear a lot of faculty talking this way. They say, "Why are we in the hotel business? Why don't we leave the dormitories up to some private agency? Let them find their own houses. Why are we in the catering business? That's ridiculous. Have the town's people do that. Why do we have a counseling service, or a psychiatric service? For a university primarily does exist to disseminate knowledge and to create new knowledge; forget about these peripheral things. Wouldn't life be simple?" Well, sure it would be simple, but simplicity in this regard is not the solution. We have these traditions. We have these structures. It's nice that we do have places for people to live, and as long as they're going to live there, they might as well eat there. And people are going to have psychological trauma because they live in a social context, and we've got to have some facilities to deal with these, so this is meaningful. But when we hear students crying against in loco parentis, we don't hear their parents crying too much, because they want us to have the responsibility. "You take care of the situation, for us. We're paying the bills for it. That's your responsibility." Well it seems to me we've got to recognize that the responsibility starts some place and it ends some place, and as long as we're shackled with in loco parentis, we better live with it. We better manage it to the best of our collective abilities.

The first thing we do is we find out where the problem is. The student is sitting before you. In many cases you know students--very interesting people. They have their own subculture, their own language, their own communications. They can communicate across the campus in a matter of minutes what is happening. Students know who the good professors are and who the bad professors are and who's the guy you can go to when you really need him. The students know this. They can give it to you in a split second. And they know who they can tune in on, and who tunes in on them, and who has the door open, and who will listen. If you happen to be the kind of guy that says,"I have an open door policy. You come to me, I'm there. If I'm there, I'll talk." Then you get students and they come in with all kinds of problems. And I think the greatest service that I can pay them is to get them to the right person. If it's an academic problem, I deal with it. If it involves another professor, I listen. The other professor and I many times will talk about it. If it's a problem having to do with the academic standards, or transfer credit I deal with it. If it's a social problem having to do with his roommate, this is something for the dean of men, or the dean of women, or the dean of students, or something for somebody in the counseling center, so you should know who is in the counseling center and who would be best to talk to this person. So you've got to know your counselors. You've got to know who the people are that are receptive to certain kinds of cases.

Is it a parental problem? Is it something that maybe you ought to call the parents about? How should you answer the letters that the parents write when they ask the questions about why their child is on probation. Students are very clever at intercepting letters. Many of the letters we sent to the parents never reach them. We have carbon copies and when the parents come, and we produce the carbon copies, you've never seen so many shades of red. If there is a roommate problem, maybe sometimes we call in the roommate or the head resident or again the respective dean of men or women whatever the case may be.

Many times our office is sort of the end of the street, when a student has no other place to go, they end up in the dean's office. And many students come there in despair and say, "Here I am. I've tried everything else. Now what?" Many times they will be on your doorstep in the evenings, because they have problems; so we've got to be able to know where the problems can be solved and who is the most appropriate person to do it.

O.K. So we have to identify, then, the sources of referral. As Dr. Barbato indicated earlier, we have a health service. If it seems appropriate that the person be referred there, we call Dr. Barbato, and we try to get the person over there. Sometimes that's not very easy, and sometimes you can't suggest it, and it takes a long time to get to this, but we try sometimes to do that. Many times faculty members can be extremely useful people. Some faculty members identify themselves as the kind of people that are willing to do this; and many times we call faculty members, and they call us. We have a faculty member in art who keeps records on attendance. He likes to do this. He thinks it's important; and I think it is, in his class, because he shows all kinds of architecture and paintings and slides; and he maintains that if a person misses the bulk of this, he missed the substance of the course, because it's taken him years of travel to get these slides. If it's a course in the history of art, the person should be there. So he thinks attendance is important; and, I say, "I think it's important too, if you think it's important." So he says, "I keep records." And if a student misses five or six or seven, he sends me a list; and it's extremely helpful, because invariably sometime in the quarter, a kid will come in and he'll say, "Boy, I'm having trouble with that art professor. The guy has no understanding. He's a square." I ask, "What's the problem? And they say, "Ah, well, you know, he's threatening me because I'm not there all the time." And I have my list there, and I say, "Well, how often are you not there?" "Well, you know, sometimes I have a cold, or something and I miss four or five or six, I can't remember, but you know." And I say, "How does eleven sound?" So this kind of information can be very, very useful.

What I'm really saying, I think, is that communication between the faculty and between other offices is essential, without this there would be a complete breakdown. You know, how some students will come in and say, "Gee, I'm really having trouble with your course." Well, a lot of students have trouble with my course, and I say, "Well, how are you doing in your other courses?" "Oh, all right. Everything is fine everyplace else, but it's just this course." Well, it's very naive of them. You know, they should realize that we can pick up the phone or go over to the registrar and check the records. So we check on midterm grades and everything is not all right. In fact, they just happen to be doing better in my course. Well, many faculty members do not realize, or they do not have the time or they don't want to take the time, so that, by gosh, when a student tells you something, you can check anything out by a simple phone call. If he tells you that he was in the upper fifth of his high school class, and he's got brilliant potential, this is a matter of a few seconds phone call; and you can find out exactly what his potential is, what his grades are, and almost anything else about him. And, of course, if the student finds this out, then of course they're a little more clever, they do not try to deceive you; and once, I think, you can break down the deception, you can get to the real source of the problem. Well, I've talked too long. I do realize after some of these remarks that the gentlemen here on the panel will have many things to say. I turn it over to the panel members.

Freeman: Let me react initially by simply embellishing some of your remarks if I may commit hybris. First of all, you didn't define emotional crisis, and I know what it is. It is reacting to a dean first of all, then having the dean make remarks of which we have no apprehension or anticipation whatsoever. I would say this, I would talk about two postcedents that I see in my classroom frequently rather than antecedents. Although I have the student that frequently comes in and says, "I have made 5 "D's" on the last five examinations. For the final, what can I do to make an "A;" or even worse, "I have made 7 "F's." What can I do on the eighth examination? I have got to pull an "A" down. These people I tend to ignore. But there are two instances that frequently occur that I think that I can particularly handle. The first one is the student whom I terrify unwillingly and assuredly undesirably, and I recall I had two lovely nuns in a class of history of the English language. This was a curtailment upon me, because it cramped my style completely, which is peppered occasionally with explosives of punctuation. I frequently called upon them for Latin derivations and got such a blank reaction from them, that I finally reached a point I am sure of irreverence, asking them if this were the "grand silence" during my particular class.

They approached me later and informed me that they had been in an experimental program and didn't know Latin, but they were absolutely terrified of me. Well, this indeed is a tyrannical accomplishment on my part, when an errant Protestant can scare two Sisters. Were I Caligula, I could see it, but I am not. But this honestly is a problem that confronts the academician: the child who is terrified, and how in heaven's name can you convince that child that you are not the ogre that you really are; that you are not the monster that you intend to be; that you are not the villain that you have aspirations for. It is difficult to make a communication with them; and I wonder sometimes if it is my fault, I am sure that it is, or if it is an instability that quite readily can be remedied by someone else other than the academician himself.

And the second problem that I am constantly confronted with, which I think is emotional, but I am a laymen, and I am tossing around terms of which I am totally ignorant, is a problem which perchaunter is unique in a teachers' college. We have so many people returning who are in anatomical maturation far beyond the ages of 18, 19, 20, and 21; and constantly we are confronted with this terrified remark, "I am too old to learn." Well, I have never had the experience of meeting a group of sweaty football players in the locker room during the half, saying, "Go out there and win!" This is what I say to these people, but it is a confrontation that I find terribly awkward to handle. How can you tell a person, because my hair belies my age, how can one tell an individual in his 40's or 50's, "No, you are not too old to learn?" That individual comes back the next day, "I am too old to learn." "How many pages did you read last night." "I got through three." You want to say, "Yes, you are too old to learn." Very seriously, though, if this is what I am supposed to do initially, I would add to your problems as a dean, that classroom problem of these two situations. As I say I do recognize the individual cases; and last year when Professor Nelson was kind enough to allow me to react, I mentioned some of those professing at the time complete ignorance of how to handle these, but, these are frequencies that bother me considerably. Maybe, as I say, the second one is a unique situation, only pertinent to a teachers' college which patronizes individuals for some-Lord-knows-the-reason-why—who want to be teachers.

Anderson: May I offer a solution? I have a solution to this whole problem. Yes, a solution which will probably cause the conference to come to an end, and I don't know what Ted will do tomorrow. I am sure it will solve all the problems. You are concerned with immaturity that causes the emotional crisis; and we heard this morning that one of the few jobs that require no preparation is college teaching; so I would suggest that you just require as a prerequisite four years of college teaching experience before you admit these students into college. That surely will mature them and solve all our problems.

Vattano: We have some programs that are disguised under such things as the three year master degree program that come pretty close to it.

Skinner: I would like to discuss a couple of points you made. One was that you emphasized to considerable degree, I think, the need for a value system. "Knowledge without values is worthless," you said, which I would not necessarily disagree with. But then it seems to me that often times, and perhaps I am implying things that you didn't really mean to say, the value is equated with a system. I don't think it has to be equated with a system and I think that really it shouldn't be equated with a system... I think herein we get into a great deal of difficulty. It seems to me that value has to do with priority and intensity and involvement. In the value system there seems to be the emphasis on value as something objective, and it seems to me that value is intrinsic. It is a manifestation and a projection of the psyche. Value is what we are, and we are only relatively free in this regard. I have come to the position of not wanting to stand for anything, because it seems to me that this is a rigid posture. I want to be in the existential now, but I don't want to stand for something. In the relationship to students, particularly in the performing arts, you try to find out in a confrontation, whether you as a conductor of a group, or directing somebody in an opera (these are the things I am involved in), who the student is, and what does he want and then try to get rid of his pretenses and his posturing and his poses.

Now I would go on to a second point, which I think is related, and this is not really directly relevant to what you said except that you talked about student performance, and in the arts we deal primarily with performance. I find that very often times, superior talent is found in the person who exhibits the greatest degree of ambivalence to others about himself. He is the one that has a higher opinion of himself and, at the same time, a lower opinion of himself. And so, he is kind of predisposed to turmoil, and I suppose the sensitive performer in the arts would be akin to the sensitive performer in any area. Often times the talented one is the one that is most discouraged because his standards for himself are perhaps so high that he's incapable of reaching them. My own contact with the normally talented person reveals that usually he doesn't have the intellectual turmoil that the superiorly talented person does, or maybe he simply doesn't come to me, I don't know.

Freeman: Howard, now don't you find that this is one of the problems I think this workshop is trying to emphasize? It sounds very acceptable in terms of philosophy to find oneself, whatever that means, but unless there is the canvas or backdrop to catch it against, one will end up with what we call in my field of literature, "Gee whiz" poetry. People look at it and say, "Mmm, this is fine," not having the remotest idea why in terms of some, I hate to use the term "normal" with so many people obviously dedicated to abnormality; but, nevertheless, doesn't it have to be cast against that which we call norm which involves standards and ethics? Not that I would dictate necessarily.

Skinner: Well, I think it has to do with them, I don't know in what way.

Freeman: I'll write about it, and you sing it.

Skinner: I think what I said here was not that there is no such thing as value, nor that there is no such thing as a norm. It is only a matter of measurement anyway. The idea that I was getting at here is that there should not be a value system, because I think the system implies a certain kind of rigidity. Now we mentioned that these could be changed, but there is an attitude of framework. It seems to me that much of what our youth is saying to us today is that it is not the framework we are after; it is the core of the value, and the core of the value is the individual. I am not sure that I agree with that, but I think that this is certainly, what a lot of the "free speech movement," is saying to us.

Freeman: Maybe I misunderstood you, I thought it was the sort of thing we found in literature when people look at Tennyson's "In Memoriam" and say, "Aha, Queen Victoria secretly wrote that in honor of her husband." And this has been advanced. And we have students who will read, if you people are familiar with this poem, the "Emperor of Ice Cream" and say it is a resurrection symbol. The liberty to read anything ignoring values, ignoring even the semantics of articulation...

Anderson: It seems to me, Howard, the kind of thing you are asking for, is the same thing Frank is asking for, at least this is what I interpreted Frank to be saying, that the faculty member very frequently is not putting himself into the job of teaching, so the students really don't come to know him as a being.

Vattano: I would like to ask you a question. Let's say, for instance, you were rehearsing a musical group and after the number, a student said to you, "Well, how did it sound?" Would you have to give him some expression of, "Oh, man, that was lousy!" or "Gee, play it that way tomorrow night, and we are going to win a prize." Aren't you now exerting some value as to good performance as opposed to not so good performance?

Skinner: Oh, absolutely, I do this all the time.

Vattano: Yes, but wouldn't you also say that you prefer one over the other?

Skinner: Yes.

Vattano: Well, aren't you also saying that there is a value to this?

Skinner: Yes.

Vattano: And that you subscribe to one dimension of this as opposed to another?

Skinner: I don't subscribe to it. I think that is where we differ.

Freeman: Yes, value in terms of performance.

Skinner: In terms of how it existentially involved me at the time, not how I dissect it or not how I put it into a formula or even as how I communicate it.

Anderson: You are objecting to the system part aren't you, Howard?

Skinner: Yes, it could be outside the individual. So, I am not just objecting to the semantics, I am objecting to the implication that the semantic difference makes. Because I think therein lies a great difference openly in practice.

Vattano: I guess when I am using the word system, I am talking about really internal consistency in that if you said something in a class that indicated a dimension of good and not so good, that you have to be somewhat consistent with other examples within that domain. If you say that this was good, this is not so good, then you had a similar example or class and you'd not turn them around, I think you would be guilty of some internal inconsistency. I think I was using the word system more or less as a set of values that were consistent internally.

Skinner: But I would not try to have a set of values, and I would try not to say other than colloquially, "That is good."

Freeman: Let me embellish again on the speech on Friday night. Don't we as educators have to give these kids a set, to the best of our ability, of intelligent values first while they go through a period of maturation (I am hardly talking about anatomical maturation, because the 12-year old is capable of progeny); and then let the individual select. This is what happens to others; this is what happened to me; I was disciplined in a school system; I didn't particularly rebel against it, but I do feel with extensive reading and what I call education in the truest sense of the word I was then able to depart from these values; and I only killed about three people and damaged about 19 homes since then, and I am very serious.

Anderson: No one gave you those values, Sam?

Freeman: Well they were presented not as a menu, but they were part of an organized scheme,I think, of curriculum.

Anderson: Yes, it seems what's important to me is to have a faculty member who is willing to be a "real person" using Howard's words, in terms of his teaching, offer a real human relationship to his students.

Freeman: Oh, I wouldn't disagree with that.

Anderson: It seems to me that it is the role model that is more crucial than the dispensing function.

Vattano: It is dangerous, really, you put yourself on the chopping block. Let me give you an example that for me is an easy one. Let's say you are teaching a course in psychology, and you are talking about intelligence, and you are going over some of the literature on racial difference in intelligence. Of course, before the explosion of civil rights, I didn't think too much about this. You go over the data,and then the students hang against their chairs; and they want to say, "OK, you interpret it for me. What does it mean? Are there differences between people as of race?" If you just give the data and say, "Here it is, kids," you do them an injustice. Because you see, in my judgment, if knowing the data yourself in purporting to be a scholar you can not say, "And this is what I believe. You can reject it or accept it," I think you are giving them a letter and not sealing it, and I think this is what I am referring to by saying that, if you teach just facts and data and leave the conclusions up to the students, I think you are falling short; and maybe it does take some guts, because you may be taking an unpopular stand, but if you believe it, I think you should say it. And I cannot conceive of someone not believing something one way or the other.

Anderson: Can I pick up an issue from this morning? I am still concerned about the poor old faculty member who got the axe this morning, because he is only in his office four hours a week to see students. It seems to me that maybe what we were asking was for the faculty member to be the solution to these crises situations, but I don't think that is very likely. There just aren't very many triple-thread people around who can be both dispensers of knowledge or transmitters of knowledge, and creators of knowledge (that is what we get tenure and promotions on) and counselors at the same time. So, it seems to me that if we are talking about, "Gee, why isn't that faculty member around to talk to a student when he doesn't understand something in his course?" That's fine. But it seems that we are going a little bit beyond this in saying that this faculty member ought to be available because, when this kid gets a letter from his girl friend saying that she is getting engaged, this faculty member is the one he wants to go talk to and pour his heart out to. It seems to me that that is getting the functions in the wrong place. It is up to the college to provide counseling services for that kind of function. It is the instructor's job to do the best he can to present a meaningful teaching relationship to students; I agree with that. And some of that is going to happen outside of class all right; but it probably is not realistic to spend much more than four hours in your office, because the rest of the time you have to be a productive, creative scholar out learning all that you can.

Freeman: But I would like to add to it. It further becomes complicated. I am sorry that I missed this morning's session. The student who will come in and appeal for sympathy and appeal on the grounds that because of some emotional problem or the like or some involvement, he couldn't do the work. This is, of course, something that you people know that every professor is confronted with. I had to stay out for two weeks because of Aunt Tillie's illness and I was too emotionally involved the first week; and the second week, I was involved because Aunt Tille was emotionally involved; and now, what am I going to do to make up the work, when it is hopeless. And how can one reconcile what is really a legitimate excuse with the academical standards. So we get forced into that position too. I don't know the way to reconcile those two extremes, if they are extremes, certainly diverse elements.

Vattano: Well, I didn't interpret the comments of this morning as meaning that a faculty member should just sit around waiting for kids to come with personal problems. Because I think this is really the domain of free choice, whether the faculty member wants to do this and feels comfortable doing this. Some don't and some do an excellent job at it if they are around. I think the implication, at least this was my interpretation, was that when it has academic relevance to the course or to the kid's major, if he happens to be his advisor, then there is some obligation. You know yourself that a person learns after a few years not to do this; but when a person first comes into an institution, he has an open door policy. He's free for bull sessions that somewhat relate to his area. He is a very popular person. He is the Pied Piper of the campus. What happens? It cuts into his research time and doesn't pay off in our schedule of reinforcement in terms of the "publish or perish" kind of situation. But it doesn't mean that if this really has academic relevance, that the person shouldn't make himself available to talk about the subject matter or something related to his major if he is his advisor.

Skinner: I seem to be harping on one point. The problem that seems to be national is the search for identity and value. I think that the search for identity has to do with uniqueness, to differentiate yourself by some means of talent or intelligence. However, most people don't have superior intelligence and talent. They have got to find other ways. This is an extraordinarily important problem. Perhaps not so much to us in the Midwest at this point. We read about it more in the newspapers. We see it to some degree on our own campuses. The student who is the brightest and most talented we have, comes and says, "I simply cannot do it. I am totally inadequate to the situation. Therefore, the idea that keeps reoccurring to me is suicide." He is the most brilliant person we have with the extreme ambivalence that causes this kind of situation. He can be the most egotistical, arrogant person in the department because he knows he is superior. At the same time he knows he is inferior. So what do you do with a person like that? This and the search for value which says to society, "Look, your value system and your practice are two entirely different things. You espouse a certain ideology which indicates that brotherly love is the virtue sine qua non and yet you never practice it." This is so often the dichotomy of the adult society as evidenced to the student in terms of belief and practice. The problem is age old, but I think our youth are today becoming much more articulate, much less willing to swallow the system. The value of the good man, that kind they will take, of the creative person, of the loving soul, that they will accept, but not the system.

Q. I have a couple of questions. One I don't know if I fully understand. It sounds like sometimes a value judgment is desirable and sometimes it is not. The other one is, it kind of sounds like, "for crisis sake."

Freeman: I think though, sir, that's one of the problems of the academical profession. We don't understand fully the roles of deans. We don't fully understand the roles of the psychologist and the counseling services and the like on our campus. I profess ignorance, and I said last year I think it is really the burden of your responsibility to inform us whether you like it or not and if you want to sit back and be chagrined and say, "Those ignorant scholars and academicians who don't know the service at their disposal," well and good, but that hardly is the solution. We have obviously evidenced that we are so stubborn that we're not going to learn unless we are informed.

Comment: I wonder if I might take this opportunity in talking to a real honest-to-God dean and several other fine people to perhaps urge that everyone concerned with curriculum and the problems associated with it take into careful consideration some things which might otherwise slip by unnoticed. For example, we have the rather deplorable situation in which in the second or third quarter of the senior year in a teaching program, (in other words one or another teacher training programs), of having the opportunity for someone to say, "I don't think that this person is particularly emotionally fit to become a teacher." And suddenly they find themselves out on a ten foot limb with no way to get back into any other mainstream toward a degree, and yet with an obvious decision on the part of the education department, for example, that they're not going to be a teacher, and if you don't think that this is crisis producing, you try that one on for size.

Freeman: I think that we are frequently confronted with that, sir, and I don't know what the solution is. I guess I'm compromising and I admit that it's a cheap compromise. I say to myself at a university or a college not teacher oriented, perhaps the individual is entitled to the degree if he's made the academic fulfillment, but then we do have to send people out that we brand as qualified to be teachers; it's problematical, and I don't know the solution.

Comment: But isn't there some way that we can evaluate these people beforehand, if it's going to be a matter of evaluation; and for God's sake let's get them up in front of a board before it's too late to do anything else about their college education.

Freeman: We try to do that in part at the doctorate level, but again it's a group of laymen evaluating. We have screening devices of the like, and we make notes of such obvious circumstances that might suggest the individual is not stabilized or balanced, but that's at the graduate level not the undergraduate level.

Comment: We have to be awfully careful. Because, for example, we have kids that go through who haven't varied five pounds in their entire time, and all of a sudden in their senior year they're too obese. Therefore, they must because of their obesity have an underlying emotional problem which would make them unfit to teach. That's poppycock.

Vattano: I couldn't argue that on the grounds on which you present it. I think, however, that there are probably accreditation problems. This in other words is probably beyond the institutional control. I imagine the accreditation for teacher certification, which if you're going to have a reciprocal kind of accreditation for various states, have rather strong dictates in terms of requirements. I'm pretty sure it's that way here anyway—it is most other places, and that there are requirements about physical structure. If you have a handicap, of course, this cannot be tolerated. If you are overweight, this has a safety factor in terms of the floor or something like this. But, I think, it would be unreasonable for a person who, up to a certain point, has accumulated so many credits toward a major, and then for some untold or unfounded reason is simply dropped from the program. These things will happen as they'll happen in a case of dishonesty, but many times the institution doesn't have control at all. It's the accreditation agency, which is some kind of national organization which can dictate in essence what you're going to do if you're going to have an accredited program.

Comment: But we're still oriented, I hope, around students and we do have contact with students, so can't we detect this a little bit earlier before we screw up their whole college career?

Vattano: Yes, and I'm sure for everyone that has to suffer this obvious setback, there are ten others that have been told much in advance so that they can very easily change over to another avenue and get their degree without any delay. I'm sure this happens, but very infrequently.

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Comment: O.K. But by the same token we have to remember that this entire conference is really centered around 10% to 20% of all college students.

Vattano: Yes, but I wouldn't propose that the number of people you're talking about approaches more than two percent, if at all.

Comment: But these produce very real crises.

Vattano: Well, I wouldn't deny that for a moment that they're most serious.

Nelson: I think I might react to that in relationship to what we have started at Colorado State College. The screening for what we call advanced teacher education takes place at the end of five and one-half quarters. In other words, the quarter preceding the junior year, which we think is a step in the right direction.

Vattano: Yes, and of course, I think all schools have a certain grade point average requirement before you can do your student teaching. If the student doesn't meet certain academic requirements, (I think at our school it's a 2.2 average, probably an arbitrary distinction), but at our school if a student has a 2.1 average, and he's ready for his student teaching which is his last quarter, he doesn't student teach because presumably he doesn't have enough horsepower to be teaching. This student has had it. He will have to take more courses in order to either boost his average up, or switch to another program. If he's in secondary education, there's no problem because he has a major in an academic area. If he's in elementary education, this could present a problem; but not much, maybe not beyond one quarter.

Comment: But that's with an understanding that he or she will be familiar with before they enter the program. What I'm objecting to is the sudden announcement on standards or the sudden decision on someone's part that this obesity is reflecting an evasive emotional problem. Therefore, you're unfit to teach.

Comment: Well, I think your institution is very remiss if they allow this to happen at this time. We do this when a person is admitted to preparation for teacher education. This is about when the student is beginning the senior year, and I think NCATE asks that you do this. If you're going to be accredited by NCATE, you do it. And if the institution doesn't know enough to do it at an appropriate time, then I think the institution needs to get themselves where it can be done at the proper time. This is done in every institution. Essentially, I think, that under NCATE accreditation, then you know you have to do it.

Skinner: I understand that this question that was brought up seems to me to be a question of fairness really, but there is implied in this the idea that the part of our positions as faculty and counselors and so forth is to avoid crisis. Now I haven't been to the other sessions. I wouldn't assume that this was necessary, that we're trying to avoid crisis. You can avoid crisis by not doing anything obviously.

Comment: If we're talking about coping with crisis...

Skinner: Yes, coping with crisis, but this is just a question of fairness here in this part.

Freeman: Well, what I think he's suggesting that I would certainly agree with is trying to prevent, if there would be preventative measures for the crisis to exist.

Skinner: No, that's what I say, "Are we trying to prevent these?"

Freeman: This is my problem, Howard.

Comment: Not precipitate them that's the thing.

Skinner: Why not?

Freeman: Oh, then you destroy the educator.

Skinner: Why not precipitate a crisis?

Comment: Unnecessary ones of that type...

Skinner: Of that type certainly not, but now we can't categorically say that we do not precipitate part of the crises. I think it could be the cathartic that the individual needs or that the school needs.

Comment: I think that you take it upon yourself to precipitate crises which is one of the choices that is available to you, along with this there is some responsibility to help the individual effectively cope with the crises you have created or helped to create for him.

Vattano: What better example do we have of creating crisis than graduate programs? Built-in crisis. We call them hurdles but they're crises and they're real crises and it depends, of course, on where you go. Some of the experiences are just devastating in terms of, you know, as you walk up to get the hood you don't know whether it's going to be a rope or whether they're going to pull on it or whether when you get it on they'll hang it on and a trap door will pull out from underneath you. There're some graduate programs that are extremely anxiety producing, and they're built into the system. This is a part of it and it's a diabolical, deliberate kind of a system.

Skinner: And at this point it seems to me that it behooves us to decide which kind of crises are significant and creatively productive and which are simply hurdles.

Comment: I wonder if we could have a reaction to Dr. Wisman's reflection about values and if they're good sometimes and if they're bad sometimes.

Vattano: Well, I think...does anyone else want to react to it? Well, you said something about good and bad values and you're superimposing a value upon a value, I think. I don't think it's a question of whether you're talking about good or bad values. In my judgment, I think that, we must have a value that stands out or that holds, the Elmer's glue, that holds the facts together in knowledge. Now I don't say whether this has to be good or bad. I think that you should have a value that you should reveal, if you will, where you would put the Elmer's glue between the facts, and as to whether this is a good value or a bad value... For instance, let's take an example of a person who is teaching about communism, and then teaches communism at the same time. We may reject this as not being desirable, but at the same time at least, it stands out, and the person is doing it purposefully as opposed to a person that is teaching another value that we would consider to be a constructive value. So I don't know if the dichotomy of good or bad as a value system is what I would consider to be very important as long as a person attempts to put a value into his knowledge.

Comment: It seems to me that in education you have to impart values or you don't educate, but it sounded as if someone was saying that it's bad to have values, not whether the values are good or bad.

Vattano: Well, I cannot conceive of good teacher...well, I won't get trapped into that. Let me put it this way, it probably would be possible to teach without values. I think you could teach data and facts pretty effectively.

Q. What criterion would you use to decide out of the plethora of value or facts available in any given field? What do you choose to impart effectively in one quarter's time? You have to exercise some discriminatory value system. There, I said a dirty word. Now, don't pass the buck. You either do something or you don't do something and what criteria you exercise to decide if and when you do what you want.

Freeman: Let me take the specific illustration of literature, which obviously is the field that I am most aware of. Beyond the artistry, beyond the discussion of poetry as its entity of artistic and cultural expression of man, we try to inform our students, at least I think many of us do, of the philosophy, call it idea if you want, that is imparted by these great moments, which we call great artistic poetry. So that if for example we wanted to teach John Bunyan, we would feel compelled to teach him as a value unto his own system. I think we have the right in the classroom to editorialize if we care to, so long as we are pertinent to the subject. But to teach John Bunyan as one of the great pilgrim Protestant poets, who incidentally wrote in prose for the most part, but it's poetical prose, then if we were to teach Sir Thomas Aquinas, but we do not have to worry about that, let's say Geoffrey Chaucer who was a Roman Catholic poet, we would teach him beyond his artistic accomplishments as a value system within his own, again reserving the right to editorialize for what we would hope eventually, (maybe this is what Howard is suggesting) we would hope that the ultimate value would be that the individual would say, "By golly, Bunyan can tell me something, he's a Protestant. Aquinas and Chaucer can tell me something, they're Catholic." Surely this sort of system would lead to the ultimate value of tolerance. And this is the final justification of the liberal arts or arts and sciences program, man's humanity to man rather than man's inhumanity to man. So it's a structure based upon the derivation of an ultimate value but it assuredly has to be based upon values along the way.

Comment: But your selection of Bunyan and Chaucer within itself is a demonstration of a value system of your own.

Freeman: Yes, sir, that is true. And I certainly subscribe to it because I call myself a Doctor. Not for the prestige and the title, because I much prefer to be called Mr. Freeman, but etymologically, in Greek this means a teacher, and this is my definition of a teacher. I ascertain what I think are values; I am contributory to society or I am detrimental. We hope that the system of education that I went through would produce the acceptable teacher, but maybe I'm dangerous.

Comment: We have been accused of this.

Vattano: I think you are right, Dr. Farrell; that just a mere selection of one thing opposed to another is exerting value. Even a teaching machine, I think.

Comment: Out of the wealth that you know of that particular area you chose what you presume will be of the greatest value to the greatest number in one context. You are teaching them what to think, you are teaching them how to think, you are exposing them to...

Freeman: I am sorry to interrupt you, but, "Why do you think it is true, imposition upon it?"

Response: Are you asking, "Are you exposing them to all the values that you are aware of and this is a manifestation is a prosaic way of expression of this value of this man who lived at this time?" This is a manifestation and you present it without assessing any value to it in your presentation. Good or bad this cannot be useful to you today. You present them all and then out of this experience that you have given them, let them choose whatever they will to utilize or not utilize it or implement, integrate it in their lives, in their approach to themselves, to you, to people in general. What is the function? You say Chaucer is a value, now I don't understand that. Explain to me what you mean by that. He is a value or his work, is a value, what does that mean?

Freeman: That is the most, the unkindest cut of them all. Now you make me reveal the ignorance that I have somewhat successfully guised for several years. One of the approaches— there are a multiplicity of approaches to Chaucer—one of the approaches that I try to harp upon and stress with my limited knowledge is that Chaucer was the first great psychologist in English literature before the word was even introduced into the English language, before it was defined into a science. Here is a man who knew people, who loved people, and he is the first person in the historicity of English letters who actually examines people, who represents them artistically and poetically in terms of motivation, how they react with each other. How many times have you people seen this scene of a group of individuals on an airplane; the airplane is grounded; now we see the coward suddenly become the hero, and the hero suddenly become the coward as they interplay with each other.

This is what Geoffrey Chaucer is doing with these nine and twenty in a company of pilgrims. These people are hurt in interplay with each other, but I should hope that my students would look at Geoffrey Chaucer and not realize after they appreciated this marvelous decasyllabic couplet that he employs that harbors Rime Royal; everything about him is artistic. He was a man who loved people, who accepted them as they were, trying to understand them rather than to change them. This is what you people are trying to do now. You would change them if you find that the change would help them, but you don't condemn them. Chaucer did this in 1387.

Comment: Did he (Chaucer) not describe in his own colorful language, people, and you imputed an impression that he was trying to convey from your standpoint of 20th century man. You presumed he loved people. Now or why do you presume he loved people? You must have some value system that defines what love is, and what kind of love it is. And then you talked about motivation, and you said how people, he described in his work, got together, but motivation implies why people interact with people the way they do.

Freeman: Now, why people act the way they do, this is, needless to say, not my problem. I am not Francis Bacon, who takes all learning as his province.

Comment: When you talked about the motivations you used the word motivations and then you said how people interact—this implies to me, why people interact.

Freeman: Well, I can understand that part, Let me give you an example, not to bore you people with an artistic summary of Geoffrey Chaucer, but the Summoner, who is one of the characters who is absolutely quiet until the Friar speaks, and we have clues artistically laid all along the way which indicate that they knew each other even before they entered the pilgrimage. Chaucer tells us such things as the Friar could not stand lepers, and we find out that the Summoner has leprosy. At one point when the Wife of Bath is simply rambling on and on, as women frequently do and perhaps some men, the Friar interrupts her and says, "This is the long preamble to a tale," whereupon the Summoner simply explodes in wrath and fury and screams out. Well, maybe I am totally unlearned, but I have seen that situation frequently and it's a rather awkward and embarrassing situation. It becomes perfectly obvious in a group of people who are communicating sociably one can't stand the other, and suddenly he just bursts forth with his ire and his wrath and he is wrathful. This is what the Summoner does. This is what I mean by motivation and artistically it leads into a tale that vehemently lashes out at the Friar. Now you ask me, why. I could give you that one instance that obviously the Summoner is angry with the Friar because the Friar doesn't like him. Now is that the "why" you mean?

Comment: Well, I'm just questioning the use of the word why or how in connection with the word motivation.

Freeman: Perhaps I'm misusing a term which to begin with I confessed that I probably would.

Comment: I'd like to guess that maybe in our quest for a value system, we place too much of an emphasis on "what" rather than on "who." It seems to me that students come to college and first thing, to exist is the question of who is of value, not what is of value. Am I of value as I come to college or am I not? Are you of value as a professor or are you not? And how does one derive the who from the what, which is the course material and the requirements and so forth that are set for the student. I'm not sure that the transubstantiation necessarily takes place but that one confuses what to prove with the grades that it requires.

Skinner: This is a good topic in that this relates to what was said originally. I think that the good teacher does reveal himself to his pupils through the content of the class, and that this is really the ultimate goal as far as I'm concerned. This is why he's there. This is why the student is there. The facts are certainly important to a point and certainly so is course content; but confrontation of the student with the teacher is the ultimate thing.

Anderson: This is what I was saying a little while ago too. I would like to add one more thing to it. It seems to me that one part of the professor's role is to try to listen and hear the students. Find out something about what these students are saying to him and then in turn open up and reveal himself to them. So that there is a genuine kind of two-way human meaningful interaction going on between them.

Freeman: I rudely interrupted you, Dr., and I apologize. It is not just about whom and what, but why. This is what I find so frequently is the problem. Why, yes they can give you an answer. Well, we've reached a point if you don't get a degree, you can't make a living. And that is hardly an answer.

Comment: You mean why are you here?

Freeman: Yes, and I think this borders on what you were saying.

Comment: When you say the revelation of the professor to the student are you saying that the teacher is presenting content within a certain area, and then when he reveals himself, he is making obvious to the student how he in his own interactions with people and his own concept of himself as portrayed by his word and behavior, how he uses or integrates what he is presenting to the students as something of value, at least something to spend your time learning.

Comment: That is right.

Comment: So he presents something of value. Then he lives in interaction with the student, utilizing what he is saying of value to the student that this is of value. In the exchange between him and the student, he manifests that he also lives by what he is saying. There is not the dichotomy that the children are reacting to, which is that they hear their parents pontificating about the Mosaic Law—that they observe their parents living in constant infraction of these.

Comment: Absolutely, if this is sham, I think that...

Comment: Just one moment. I am wondering if the children are missing the point, that the parent is not saying, "This is the way I am. The parent is saying really, "This is what I attempt to be; and you should attempt to be this." The fact that I don't back it in my living as a parent, whatever, this does not mean that you should throw this concept of attempting to strive towards perfection as defined within this Mosaic Law. I think the child misses the point that because the adult or the parents say that, "This is how it should be; this is what you should be; this is how you should live." The parents are not holding themselves up and saying, "This is the way I am." And I think the younger people perceive this, the parents saying, "This is the way I am." Then the child's conception is that the parents are saying that they are this instead of saying, "You, child, and I should hope to be like this or try to be like this, but we aren't."

Skinner: I think the child can accept that kind of thing. He can't accept the pretense.

Comment: Well now, pretense—otherwise, the parents that are saying this, well, who's going to tell me...You are talking about the Methodist Ecumenical Movement is out and that the Methodists are drinking in front of one another. Otherwise the Methodists are saying don't drink, it's bad and then the child observes this drinking. And they can't integrate, there's no pretense here. The parents by their behavior are saying manifestly, I failed, I can't do it, but you should go ahead and try to do it. Is the child correct in assuming that the parents, being phonies, are putting on a false front?

Skinner: Depends on whether it is so. Pretense has to do with espousing a value that you really have not accepted. Now if you espouse a value and fail in the achievement, that's something altogether different.

Comment: Well, I don't think these children can discriminate between these two—the ones I see.

Skinner: I would disagree. I think they can. I think that at least at a subconscious level, they can.

Comment: Of course, I see all the ill ones too, who recognizedly can not think and feel in usual ways. I see the ones who have gone to a gamut of advisors and student advisors, etc., etc.. So, perhaps my awareness of how they function in general, you know the 94% of them we never hear about, none of us, so my idea about this may be a little bit skewed. Well, I think they can tell the difference, I think some of them may be blocked in wanting to, but I think they can.

Comment: To justify their own anger.

Skinner: The reaction formation that set in is simply that therehas been a rejection of an idea and it comes out in another way. I think that the idea of value and commitment simply can't be separated. I think this is what I was originally talking about and this is why it seems paradoxical to me to use "system," because system could be some kind of structure and I think for most of us this means a set of dogma, a set of beliefs, a set of standards. You see, this is what is paradoxical.

Comment: You mean system is something that is externally imposed on the individual?

Comment: Well, this has this implication. You can derive it by another way.

Comment: Don't you think that we have to say that if it has that implication to you, that it doesn't necessarily really. Now I'm sure you could define it as a system in terms of yourself. I think this is where we're getting hung up, on the word. It has different meanings.

Skinner: Yes, the implications it has for me...

Comment: You continually speak in the terms of consistency and this within itself is system.

Skinner: I don't speak in terms of consistency.

Comment: You were talking about this in the area of music. That this person reflects himself, now if this isn't consistency, I don't know what is.

You can't interpret yourself unless you are consistent.

Comment: Doesn't even practice become consistent?

Freeman: Foolish consistency is the hobgoblin of little minds.

Comment: May I try to tie in together a little bit of Farrell, Barbato and Alley for what it is worth, but I have the distinct impression myself that the students are really more interested in what the professor is in relation to the subject matter. I cannot quite agree with the concept that the professor is setting a value or presenting a value by virtue of the content. I don't think so. For example, I think it would be extremely more effective for the student to say that, "That Dr. Freeman is a raving nut on this stuff; and I think he believes it. Maybe I ought to read it and take a real good look at it and see what he's got in there." And maybe in a sense this is sort of the buy-now-pay-later sort of thing, advertising as it works. So, unless they believe in us, and I don't confine this to the academic staff at all, I think that what the students are interested in is what are our values as individuals, personally. And if your values are consistent with your belief and your knowledge of literature, then you are going to sell them whether in the performing arts or anything else. I think they are interested in what our values are in relationship to our function at the university.

Freeman: If it were so, then all we would have to do is eliminate every instructor and simply hand him a textbook, to paraphrase Milton who says, "To justify the ways of God to man," this is the challenge of the educator, to justify the ways of whatever the subject matter is to the student. That is the constant challenge; one can only do it, and I'll use the word for the third time, in the attempt to explain the why of English literature. Why read Chaucer who died in 1400? Why read William Shakespeare——everybody says he's the greatest poet——but he died in 1616. That seems a long way ago when they look at me and think that I taught in the War between the States, notice I say the War between the States not the Civil War.

Comment: You're right.

Comment: I wonder if I agree to the greatest extent with this gentleman. I'm going to clarify my own thinking and introduce the idea not in the negative sense, because it can be taken in the negative sense... In the area of learning, from the student point of view, in which many of you are interested and some of us in the mental health field in the area of therapy, introduce the simple word, in the positive sense the use of self, not in a manipulative, phony way or whatever. But I am what I am, therapeutically to my patient, if I am myself. Now, Mark Farrell this afternoon gave us a, what I felt, a very good clinical explanation of the situation around the homosexual, two students and two faculty members. He also mentioned he treated them and with some degree of success. I assume that Mark Farrell's success in treatment was in the area of use of himself, Mark Farrell, as Mark Farrell the individual. He did not talk about Oedipal complexes to them. Somebody else might take a different therapeutic approach, conditioning, counter-conditioning, reinforcement, primary, secondary to handle the problem and still be in a relationship with his patient or counselee. The point being here again of how do we learn and after all therapy is a learning process too, same as the academic situation. I might very well take Chaucer from you and like it very much, because I like you. I might disagree after a while as I begin to think more and more about Chaucer and your interpretation, but my interest in it and my ability to disagree with you etc., might come from the humanistic relationship; you're a nice guy; you keep me going. I had this experience as an undergraduate when I was majoring in romance languages, where I had the fortune of seeing, no it was in graduate school, of old French. I don't know whether you've ever had the experience. First term I got a C, I was pretty near dropping out of the course for this because of the one professor, I couldn't stand him. He was as phony as a three-dollar bill, even though he had the Legion of Honor. I was able to transfer to another professor that I liked (and seemed to make sense, he and I) and I finally struggled through with a B in old French.

Freeman: Why didn't you like him? Is this a personality relationship?

Comment: It's what I'm saying. I don't think he had any great meaning. He brought meaning, but he brought it on an emotional level and he brought it in such a way that I was able, he didn't frighten me, he didn't repel me by phoniness. This is, of course, my reaction to another human being; it's a relationship. I got old French, at least I beat it, then I finally changed the subject. But it was that relationship and a lot of things that were said in old French. Don't ask me anything more about it, please. But seeing through that man and whenever now and then when my kid is talking about taking Latin etc. and maybe majoring in French, I think about this professor, because I happen to like him and what he did for me. The other fellow Legion of Honor, Croix de Guerre and God knows what, he bugged me. Now, I have had patients, for which I could say, "They're not motivated," they don't come back after the third time. Or I take a three weeks' vacation and a certain number of my patients say, "Well, there's no sense in coming back, I've never felt so good in my life." I can say that's resistance; they're not motivated; they're everything under the sun. But there's a certain proportion of my patients who don't like me, the converse being true. I wonder if this is not applicable also in the teaching profession. That you are going to learn, it's not a question of values or whatever. Mark Farrell with his patients gave them some alternatives. He gave them Mark Farrell and they had to do something with it.

Skinner: You know this is a provocative idea. We've all had experience of coming in contact with a fine teacher and there's a contagion that occurs, and you catch the fire that he has towards the subject, but then you know it's possible twenty years later to figure out that he was all wrong, that that was the wrong way to go.

Comment: He gave a lot more than just the subject.

Comment: A lot of this facilitates an awful lot of argument even though you don't understand or realize what is the basis of the love relationship that exists in the learning process that's taking place. There's a very interesting anecdote in medicine apropos of what you're saying about Sippe. Dr. Sippe came out with the Sippe powders for the treatment of peptic ulcers. And when he published his results, he published some rather fantastic cures, good results, and other physicians who tried to duplicate what he did, couldn't do it. And so they took him to task. Those who took the powders that he's prescribed, Sippe powder 1 and Sippe powder 2 in those days, actually didn't get the job done as he said and something must be wrong here. He said, "Well, John, the big difference is, they don't just get the powders. I give them an awful lot of Sippe, and I give them the powders too." This is an extremely important idea, and I think we have to not lose sight of the fact that in all of our relationships, we're talking about examples; we're talking about values. In this age group particularly, the hero, the model that these people are looking at, is extremely important. They're looking for heroes, and if somebody isn't disintegrating, forcing or tying them down...we can do these ourselves just by the fact that we are inconsistent in terms of our own internal values. Whether you like it or not, we are mottos, we are heroes or the opposite for some of these people.

Freeman: I have my reservations for that only because of the conflict that is constantly in turmoil on this campus. The so called, to reduce it to it's simplest form, content courses in conflict with subject matter courses. I mean content courses with subject matter courses, that's what I wanted to say. So many people, at least in my general discipline of arts and sciences, maintain at the college level and they limit it, that the teacher, if I understand what you're saying, doesn't have to be the great inspirational dramatist, he doesn't have to be a Thespian, if he can sell his content simply in terms of what I would say value or meaningfulness, then this is the job that he has accomplished and of course this view is contradicted by people that say, "No, he has to be a dynamo. He has to be an individual inspired with fervent zeal. He must be enthusiastic and so forth." Let's say I have reservations. I'm not necessarily taking sides, because one of the most intelligent professors I have ever had is one from whom I've learned probably more than from anyone else, was a man who was thoroughly and totally bored with teaching. He was content to walk in upon the ringing of the bell, never look at his class, drone on for fifty minutes and when the bell rang, regardless of where he was in the middle of the sentence, terminate. And out he went. He wouldn't speak to anyone in the hall, except one occasion, I started to tell this anecdote in reference to what you said, just before I went into my doctoral writs. This is the first time the man ever spoke to me out of class. When he walked up to me, he said, "Freeman, right now, are you so nervous you can't see straight? Are you just about to die? Are you sick at your stomach?" And I said, "Yes, sir." And he said, "Yep, that's part of the program." This man honestly, now listen, unless I am confusing myself, unless I am fooling myself, I had no rapport that I could establish, maybe it was unconscious, maybe I did. But to my conscious knowledge, I loathed the man as a personality but as an academician—nothing but wisdom. But he was bored to death, couldn't care less.

Comment: Isn't it true also, that...I haven't been to Colorado State College until yesterday—I could see that fact that rather than coming for English or Music that a student would enroll in the course so they can get a dose of Freeman or Skinner.

Comment: I have something here, that will again try to tie some things together. In my mind, yes, it is probably not necessary to have to sell the course experience as worthwhile, but the kind of people who are deeply involved in the course, in the lives of a professor, in the lives of a nurse, in the lives of a counselor, that these people are the people that are going to see more students in crisis, the emotional crisis unrelated to the subject matter at hand. Add this really is where we are sort of going backwards in a sense, because if you back a conviction and you obviously have the value system that looks reasonably firm, then they are going to try to come to you for other matters, unrelated to your course material, unrelated to anything else except their respect for you as an individual. And you're going to get it. You're going to be the first one they unload the crisis on, and that is probably how it will appear.

Nelson: And I now shut you gentlemen off, and I thank you very much for the most enlightening discussion.

Friday, July 21, 1967 8:30 a.m. session

Allan Y. Cohen, Ph.D., Counseling Center
University of California - Berkeley

"THE COLLEGE STUDENT AND FACULTY IN CRISES"

Claire, the way you introduce this talk it sounds like it's going to be a version of True Confessions. I promise you at least one or two good stories, but I am not really that prepared. Glad to be here from Berkeley; it's quite a change. Berkeley is quite a crazy place. It's the land of the hippies. It's the land of the teeny-boppers. Now, for those of you who aren't in the jargon, teeny-boppers are aspiring to be hippies when they grow up, and they're about from maybe nine to twelve. The hippies who haven't quite made it are called "plastic hippies" by the true hippies.

You find now there is a fantastic business in male wig rental for weekends. The kids and the people come in from the suburbs on the weekends to the Haight Ashbury section, rent a wig—that's so they have long hair, they dress in hippie clothes. You know we all have the vision of the hippies being these poverty stricken, totally anti-middle class individuals. I was driving in to San Francisco, and I saw this fellow with very long hair, these square blue sunglasses, bangles, beads, bells you could almost hear; and he was driving a brand-new, fuel-injected Corvette, which he was going to hide as soon as he got to Haight Ashbury; and he might after that go out begging on the streets. It happens.

In reviewing my slated topic it seems to me the utter epitome of non-structure—"The College Student and Faculty in Crises." It's probably the speaker in crises. However, Ted gave me a flash from the local Greeley newspaper. I think it comes as real astute reporting. It summarizes what's going on at the conference: "Besides LSD, topics will include the use of community resources, sex problems, and homosexuality." Maybe I should have spoken on the aphrodisiacal qualities of LSD for homosexuals who run brothels for the community. But maybe not this time.

You all have the speech I gave at Denver in February on educational approaches to LSD. You know why that got written is because they sent me back the tape-script, and it looked as though a blabbering seven-year old schizophrenic was talking. The grammar was so completely disordered and I was so embarrassed that I had to get it back in shape. So I won't go into a long dissertation on exactly what to do on your campuses if the old LSD bug hits.

Before the other two learned members of the panel are approached—I would like to talk more directly about LSD. I might talk a little bit about my experiences and a little bit about the drug users I see at the Counseling Center and really try to focus on the question. Well, what's behind it? What's behind all this interest in LSD and drugs? What's going on? What can we expect? And then, what is the nature of the human beast? And, what are the alternatives that we can think about? What are the approaches we can take towards the kinds of college students who are likely to get involved in this whole scene?

There is an excerpt from a song by Bob Dylan that reads:

> Come Mothers and Fathers throughout the land,
> And don't criticize what you can't understand.
> Your sons and your daughters are beyond your command.
> Your old road is rapidly aging.
> Please get out of the new one if you can't lend your hand,
> For the times they are changing.

And, they are changing. Something is afoot. We might see it in Berkeley before we see it in the Rocky Mountain states, or at least in mass numbers. But there is a definite trend. All you have to do is listen to the lyrics of rock-and-roll music nowadays. Very strange. The psychedelic age has hit the teenagers, and what's it all about? Well, there are some very funny angles. I talked with some kids, and they find out that I was with the LSD group about five years ago. They asked, "Did you have long hair too?" I thought back. You know hippies didn't have long hair five years ago. We never thought of it at that time. The only thing I remember about dress was when,we tried to figure out a way to distinguish ourselves. So the LSD group came upon this great plan of using red socks. That is,all the people who took LSD should wear red socks, and this would be a sign—even on the streets of New York. I still have a great supply of red socks I haven't used up. It was very embarrassing because it turns out that a lot of people wear red socks!

Let me give some background: I was a psychology graduate student, naive, just out of Harvard College. It was in 1961, and it just so happened that summer Timothy Leary had tried mushrooms for the first time—the magic mushrooms of Mexico, psilocybin. He came back to Harvard very excited, and he then quickly "turned on" Richard Alpert. Both of them were professors at the time in the psychology department and both were responsible for a course for first year students called, "Field Work." Oh boy, did we have field work that year! It wasn't illegal then, and they were raving about it; so they gave the graduate students opportunities to try psilocybin, which is a lot like LSD only it's shorter. About half the group got involved in it and kept taking it; I was one of those. Things started to get a little hotter at Harvard, clearly, when the whole thing broke; and I spent one summer down in Zihuatanejo, Mexico, at an LSD utopia. Obviously, we are going to try to create a totally utopian social organization with LSD as the base. How can you miss! I then came back to Harvard for awhile. Leary and

Alpert got kicked out finally. The administration was very upset. And then I remember the second summer, having my bags packed all summer waiting for the next utopia. But they were getting kicked out of Caribbean countries so fast, I couldn't get down there.

They came back and set up at a big mansion on 3,000 acres of rolling hills in upstate New York, which became the center of the Leary brand of psychedelic activity. And during that time, (this is a space of about three years) I probably took LSD around 30 times and sampled practically every other psychedelic drug that they could possibly come up with. For a long time they weren't illegal; and they seemed to be fun; and we ignored any bad effects that they had on other people, because we had a number of theories about bad trips. At first I was curious. But later I was convinced that LSD was the answer thinking it the most important breakthrough in psychology since Freud and probably before. Not only that, it was a way to an instant mystical experience; it would surely produce enlightenment in anyone who took it under the right circumstances; it made one more loving, more compassionate, more truly human; and it made you independent from society—that you didn't have to get involved in society's games. Many compulsively quit their jobs in order to give full attention to the task at hand. Of course, looking back at it, it is pretty funny sometimes. But there were a bunch of people who were bright (at the least in terms of their academic accomplishments), creative, and sincere. We all sincerely believed that this was the most exciting and most important thing we could be doing; i.e., taking LSD and getting other people to take it. One great fantasy we were plotting involved getting Kennedy and Krushchev to take it together. That would clearly pave the way for world peace. (I think it might have been a "bum trip.")

Well, gradually I stopped using drugs; and I'll tell you a little bit why later. But many of these beliefs are still prevalent, particularly in the youth culture, about the effect of psychedelic drugs. To give you an idea of anticipated prevalence, at Berkeley—I estimate that of the graduating seniors in the Liberal Arts School—probably 80% will have tried either marijuana or LSD or a psychedelic drug. Probably over 50% will have smoked marijuana more than five times, and perhaps 40% will have taken LSD or peyote or mescaline or psilocybin at least once. Furthermore, in some of the schools in the Bay area, the figure is already 75% in drug experimentation by teenagers; in junior high schools also, their percentage is increasing. So certainly, in many metropolitan areas, there is a severe problem in terms of incidence, and there is almost no way to control it. It is very difficult to control. And these kids are going to be coming to college; and they are going to be exposed, interestingly, to social pressures to "turn on." Previously the social pressure worked negatively, because it was so illegal. But there is a one-up attitude in the youth culture, "How many trips have you taken?" And a guy says, "Thirty." The other teenager says, "A hundred!"; and he is the immediate leader of the situation as far as he is concerned, because clearly, he knows more than the others.

Well, why is it all happening now? Certainly drugs aren't new; but there just wasn't any kind of semblance of the interest and use of these materials five years ago. I could probably count the number of people on my hand (well, on my hands and feet and a few other people's hands and feet) back then who had really taken a lot of LSD, while now the count is monumental. And I think it's a fascinating question, because I think that at the root of that question are some of the most profound insights into the question "Why are college students in crises, anyway?"

In responding I admit that I will get out on a limb; that I will be biased. In a sense it's unfair, because I probably have less experience working with college students than any of you; and for me to generalize, after six months at Berkeley, is not exactly a random, stratified, and representative sample of all college students in the United States. But I have an intuition and I want to communicate to you my feeling.

Let's get through the necessary cliches quickly. They are that this present society finds itself in a great deal of flux; social unrest; chaos from the point of view of values, of expressed intention in terms of politics, in terms of governmental structure, in terms of the family structure, in terms of education; and I infer the primary reaction on the part of the young people is one of dissatisfaction with what they see. Most profoundly, it involves the question of values, of identity, of meaning and of goals. It's very clear to me that more and more young people and students are unable to answer satisfactorily the questions: "Who am I?". "What am I doing here?"; and there is a very powerful motive—the motive behind answering that question. The kids are looking, and if you listen to the rock and roll songs, you get the idea of a search; a search for they know not what, but an almost desperate, urgent search. Many of them have given up on the possibility that they can do anything about their environment. They can't affect the war in Viet Nam; they can't affect their high school; they certainly don't have much impact on their parents. They simply don't have a constructive outlet to effect positive changes in any segment of their interpersonal or social environment. It's a gap. It is a sort of existential void.

I want to relate to you, first of all, why some people are so excited about the drugs. Some would contend that by using drugs they have found IT somehow. They found deep self-insight under the drugs. They had fun for the first time. They've experienced things. They've come to terms with their problems. It's a unique noncommunicable experience of which most adults have no conception. In a way, it's the singular property of the young people. They say, "Well, you squares, you've got your martinis; and we've got our marijuana and LSD; and you don't understand our drugs; and you probabl won't take it because you are scared of it. You're not going to understand our language. You're not going to understand our music, our art, and what we feel about life; and it's too bad for you; but we're not buying the whiskey-drinking, status-seeking, materialistic-goal aspiration that we see around us." And I think in one sense, the student's reaction is a very healthy one. They just can't get too excited about the kinds of values that seem to motivate most of the people in our society: the things that push on them; the drive for achievement, for prestige, for success; and the emphasis on getting along and making things easy and forgetting the whole question of ultimate concern. This is what the teenagers are expressing.

I was interviewing a young hippie. It was at a Youth Guidance Center. I was asking him, "Why did you run away?" He had come from some Midwestern town to Haight-Ashbury. He said, "Well, back where I was, you just can't be an individual. You wear long hair; they don't like it. It's all conforming; everybody's like everybody else. You try to be different and you can't. It's all a machine--the school is a machine, your parents are a machine, and they mold you into these molds. It was so conforming it was intolerable."

"So, it was better in Haight-Ashbury?"

He says, "Yea! Well there, you fit right in. You're like everybody else. If you've got long hair, nobody fights you."

Perhaps the hippie/drug user is not really solving the problems of society which turned him to drugs.

I'd like to talk a little about what I learned from psychoses (not mine) under LSD. Typically, a person who would take LSD for the first time would be exposed to rather remarkable sensory changes; such as hallucinating vivid colors. The wall, perhaps, begins to weave a little bit; and his mind begins to weave a little bit. And then, maybe an hour or hour and a half into the trip, there comes a time when things really start to break loose. Speaking psychologically, we could point to defenses breaking down; but subjectively, e.g. a person will report his body is melting into a rug. Now, mind you, he doesn't just think his body is melting into the rug; it is melting into the rug, and he feels it. To some people this is very disturbing. It's a very fluid situation at that point. There are two ways that people react,and the first reaction is understandably panic. What is the panic? The central issue is that the person's ego or identity, his sense of self is disappearing, is breaking down. And this is why the psychedelic people talk about a thing called ego-death.

It seems one of a person's greatest fears in our society is the fear of death. You know the life-preservation instinct is the first one, and you'd do almost anything to stay alive. But why? Why should people fear death? From learning theory in psychology, there is absolutely no reason. Nobody's ever been negatively reinforced for being killed. Have they? No. Furthermore, except in cases that perhaps are not pertinent to discuss here, nobody has ever reported back to say, "Man, don't die. It's a drag." So, in one sense, and I don't mean to be simple-minded about it, there is absolutely no reason why anybody should fear the cessation of their life as they know it—on a physical basis. Now, you could say, "Well, it's the fear of the unknown." Sure, that's probably true. But possibly we're talking about a different kind of death that people fear; and not physical death; but rather psychological death. When you think of it, people don't care if their bodies (well, if mutilated, that's another thing; that's an affront to one's bodily image) stop moving so much. It's more or less that you're not going to experience things anymore. Really, it's a fear of permanent unconsciousness or loss of self. I saw that identity-anxiety as being the primary fear and motive which triggered off psychotic reactions under LSD. Correlatively I would say that the basic Freudian notion of human nature is absolutely inaccurate, false and totally out of perspective. The analytic view implies that if you take man's defenses away, he will turn into an aggressive, selfish, sexual, homeostatic, need-filling being. Well, (as I see it) it doesn't happen that way. It's very interesting when somebody loses their defenses, and they do—under psychedelic drugs. The result is not primary process sex and agression at all, these forces are rarely the reason that anybody goes psychotic under the drugs. I'd be willing to extend it, and say that that's probably not the reason that most people "flip out."

So, people are afraid to die, psychologically. And dying simply means that their self would change; that the experiential"I" is threatened to become a different kind of experiential "I." This is quite clear to see under LSD—I've seen some wild psychoses under these drugs, as bad as you can see in any back ward; but there's a different aspect to it, because it's clearly defensive in the sense that it's a protection, that they'd rather be crazy than lose their sense of identity.

I remember a girl I guided through a trip who was for six hours in a tremendous depression, and she kept saying, "Pain, agony, it hurts!" What hurts? I wondered. And one moment I remembered, how did it start? It started when somebody was trying to teach her (in fact it was me, come to think of it) how to hallucinate under LSD. Some people find it hard. So I was teaching her at the time, it began to be successful, and then I remembered the beginning of her disturbance. I happened to know that this girl had always been depressed; her favorite kind of psychopathology was real suffering. She was a sufferer. You know those kind of people. So, I happened to say to her, (it was the worst thing you could have done, ordinarily) "O.K. Come off it. You're just chicken." Now, here's a girl who was writhing on the floor in intense pain, and we were all absorbing it because of our hypersuggestibility, and what happened? She opened her eyes, she started smiling, and she came out of her flipout in about two seconds. Then, over the next three hours, she would begin to get into that funny kind of world, and again it would hit her. She would start to suffer again. And I'd say something again about it. "Ah, there it goes again, huh!"

The same thing happens with extreme paranoia under LSD. I would contend that these pathological symptoms represent an attempt on the part of the individual, seen acutely under LSD, to hold themselves together at any price. "I don't care who I am or what I feel, if I am something; if I am someone; if I am still I." Now, there are some people who go through this panic very easily, experience it for awhile and then just let go. And if you heard one of the latest Beatles' albums, they took some words from the Tibetan Book of the Dead (an old Tibetan-Buddhist document which is used as a manual for LSD), and part of it included the words: "Relax, turn-on, float downstream." You know, let go; and this was the most effective strategy you can use if you were guiding somebody on LSD—tell them, "Let go! Don't hang onto your old self." It was very fascinating to me because it set off a theoretical point of view that has gotten confirmed more and more, lately. Perhaps basically the defensive motive consists in hanging on to identity and resistance of change in oneself. Some people really hang on with a ferocity, a tenacity that is astounding, and make it very difficult to work with them.

What makes a human being work? What is human nature really about? If we can get to that question, a lot of other things fall in line, and even generate implications for the kinds of ways we might deal with college students in crises. It seems clear that nobody is ever satisfied with psychopathology. The people who suffer from what we call "mental illness," are not really happy. And if keeping themselves completely unchanged and stable were the main homeostatic purposes of human beings, they would be satisfied; they would not move anyplace. Regarding the whole tension-reduction theory of personality: i.e., that people exist in order to fill needs, that needs are an extension of things like hunger and thirst; "I'm hungry. I need something. Let me get it, and I'll be satisfied." That doesn't necessarily explain what's really happening to people. What does make sense to me is the motive of internal growth. Ironically, though our society teaches us to be the same and to act consistently and to identify ourselves as us, what may be really propelling human beings is the need to develop one's sense of self into a broader and broader context, to become truly self-aware, to become self-conscious. I would like to relate this drive to spiritual motivation, not in the sense of ordinary religion but the question of personal meaning and ultimate concern. These issues can be very, very central ones to people and probably underlie a lot of what they do. There was an existential psychotherapist named Victor Frankl who made a very good point. He said, "Someone who has a 'why' for living can stand almost any 'how'." And probably the converse is pretty true: if you don't have a "why," not much you're doing will be very tolerable.

Here we get into a new emerging area called "consciousness-expansion." With all the kinds of social influences being out of the control of the young people, we're seeing a really fantastic attempt to know what's happening; to know about experiencing; to find out what's real, what's real within themselves; and they're going to do it anyway they can. And if they think they can do it on LSD, they're going to do it. Now what about this "consciousness-expansion" thing? There's an interesting quote in our source book by Kenneth Kenniston, and I think it's an interesting taking-off point. He said, "In the long run, those of us who are critical of student drug abuse must demonstrate to our students that there are better and more lasting ways to experience the fullness, the depth, the variety, and the richness of life than that of ingesting psychoactive chemicals. 'Consciousness-expansion' seems to me not the sole prerogative of psychoactive compounds, but an education in its fullest sense." What I find burgeoning in the schools is a rather remarkable interest in the whole area of consciousness. What do we mean by consciousness? Well, let's think of it as that which does the experiencing. In other words, consciousness would be filled with the objects of awareness. LSD is supposedly "consciousness-expanding," making you presumably more aware, more conscious. And on that level, it's extremely appealing. I think that this is an important issue, because this is what the pro-psychedelic people are saying:

> "Well, maybe LSD does cause a little physical damage to some chromosomes or something; but after all, how do you know the TV tube is not emitting X-rays which in 20 years will destroy your brain cells?"
>
> "Yes, some people commit suicide after they take LSD; but on the other hand, more people commit suicide who have never had it."
>
> "There're a lot of people who go crazy without drugs."
>
> "You could be killed tomorrow in an automobile accident."
>
> "Now," they say, and here's the pitch, "If LSD can give you a glimpse of ultimate reality, if you can see your real self, and you can see God and the nature of the universe, isn't it worth the risk?" "Why not?"

It's very clear that the potency of this interest in young people (meaning and ultimates) is so strong, that's the most powerful argument; it's the most convincing point they make to turn people on.

One of the things I stressed in my paper was the issue of alternatives to drug use. This is the whole emerging area of mysticism and consciousness-expansion. What we have found in Berkeley is a remarkable interest in things like Eastern philosophy and metaphysics. We have now over 10 gurus or spiritual teachers in San Francisco alone, many of them who have come from the East, along with many other homegrown hippies who aspire to guruship.

Early this year some students got together and they petitioned the heck out of the university under a new rule to initiate a course which I taught called "Mysticism: Theories and Practice." Well, no department wanted any part of that course. It was finally called Literature 36X. But the students loved it. They really loved it. Interestingly, there were about 15 kids who were using drugs at the beginning and I don't think any of them were using drugs after the course was ended. This was not my direct purpose, but it just happened that way. I think that's really a key.

The kids are very far out nowadays. Spiritually, if I can sum up the emerging ethic, the metaphysical or ultimate conception, it would be something like this: "Ultimate expanded consciousness equals God consciousness. Everyone and everything is God, and it is possible to experience God as infinite consciousness for oneself." There is a movement from the transcendental kind of emphasis in religion to the very immanent, where people can aspire to reach God within themselves. And furthermore, the implication is that if you do that, you're going to live a lot better. In this area, ironically, the LSD heads are hypocritical about their own attainment.

I'll tell you a couple stories. This is one of the factors, when I was at Millbrook, that made me begin to wonder. One night we had a group LSD trip. It was pure LSD then too, you know, perfect setting, no police around. There must have been eight of us, and we had this fantastic experience. You could take it from any kind of mystical literature or, everything positive, perfect love, total communication, oneness with the universe, every positive value you can ever think of. We went to bed that night; and the next morning I was sitting (still reveling in the magnificence of our attainment) at the kitchen table; and somebody refused to take their turn at doing the dishes. Chaos broke loose in the room and everybody was fighting. It was absolute insanity. I couldn't understand. I thought, "My God, if we were totally enlightened the night before, what kind of hangover is this?"

It happened to me, too, up in Boston. Perhaps I would have a great LSD trip; and the next day I'd be riding a subway, someone would accidentally step on my toe, and I would get bristling mad! I thought to myself, "Well, this is hardly the kind of reaction which one would expect from a saint."

I'm going to tell you one of my most embarrassing stories now— talking about sainthood. You see, I don't think that I was that dumb or unaware, but this story shows the level of the cosmic "fake-out" that you can get from LSD. I was in Millbrook one time and saw a film of a spiritual leader named Meher Baba and met some people who followed him; and it was very clear that there was something extraordinary about the whole thing. The quality of the people who had been disciples of his that live in India was very impressive. In the film I saw tens of thousands of people coming up to Baba and he obviously loved each one. He was fantastic and also had a great sense of humor. His followers claim that he is the highest spiritual authority in the world today and it looked that way.

So I started reading things. I had been doing a lot of reading in Eastern philosophy before that, and Meher Baba's writings were exquisite: logically, rationally, and intuitively. One day I took one of Baba's books, dropped a sugar cube full of LSD, ran out to a hill, took a few crayons to draw, and stayed out there for eight hours. While I was reading a particularly fantastic part of the book, it occurred to me that I had reached that level of attainment which is called, the sixth plane of consciousness—the plane of sainthood. So you know what I did? I had to share my psychedelic discovery with a perfected being. I wrote a letter to some people in South Carolina who were close to Meher Baba, and it got forwarded to India. The letter in essence said: "The other day I reached the sixth plane of consciousness on LSD—did you people know about drugs?" I was very anxious to share, you know. Well, I got a very kind and gentle but certainly comprehensive letter back about the spiritual effect of LSD, which you will read in this pamphlet.* I'll just read you a few quotes because I think it points out the fantastic fakability that psychedelic drugs possess.

Baba said this, "The drug experience is as far removed from reality as is a mirage from water. No matter how much one pursues the mirage, one will never reach water and the search for God through drugs must end in disillusionment." In another place, Baba said that, "Continued use of LSD would lead either to madness or to death." To us people who had just gotten off LSD, it was a shock. That's a pretty far out statement, even though we recognize this person's authority to say something like that.

It has been demonstrated to me that continued use of drugs, of LSD particularly, psychedelics, will lead to three general states: (1) the person stops

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*** GOD IN A PILL, Meher Baba on LSD and the high roads, Available for 25 cents at Box 1101, Berkeley, Calif. 94701.**

(most people do), (2) they go crazy, (some of my old friends are in institutions now, others are being protected by their subculture) and (3) they die. I know at least two people who have died because of accidents developing around LSD, and one person who got shot by the police after a particularly wild series of events. He's still alive, but it was close.

We were saying last night at Ted's house that the fantasy of being able to fly under LSD is very common, which prompted a psychiatrist to say it should be outlawed over the first floor. There was a student who was looking at the mirror, hallucinating like mad; and he said to his friend, "I wonder if that guy will stay in the mirror, if I leave." An interesting question--so he figured, "What if I died, then would he still be there?" He then asked his friend, "You stay here, and I'm going to jump out the window, and you tell me afterwards if he's still there." He started climbing out the window, but his unstoned friend rescued him. These kind of fantasies are very easy to have under LSD.

It is very interesting, to look at the spiritual damage of LSD as related to the psychological and the sociological aspect. This is a question of values. A very interesting thing happens to LSD users even when they're having good trips, and it's kind of a, certainly it's a dependence, but it's a kind of creeping passivity. The ethic says that if you take a pill you will get somewhere. It means that you don't have to do anything, and the resultant value change is quietly pervasive of one's entire life. What follows from that is the manipulation of one's external and internal environment to remain "high." Now, what does "high" mean? I don't know. For some people it means they are happy for a while, or they're more "conscious," or they forget the question of ultimate concern. Psychedelic drugs are not an escape from reality the way we usually talk about it. If you want to escape reality, take narcotics, barbiturates, tranquilizers, or large doses of alcohol. They'll "turn you off." They'll make you forget what's going on. Psychedelics won't. This is what's really dangerous for somebody in a borderline psychological state, because the LSD just narrows in on a person's weakest point; they're not ready for it, and "Boom." But LSD is an escape from plumbing the depths of ultimate concern, since LSD apparently holds the false key to ultimate concern. It does to many people, and maybe that's what's called being "high," being sure that everything's all right—at least right now, and maybe tomorrow doesn't exist anyway.

Back to the creeping passivity. Notice what we did; for example, at Millbrook. Keep your environment cool. That means, do not associate with squares or people over 40. Why? It'll bring you down. That's why you don't work. That's why you don't have a job, because it's consciousness contracting. It doesn't keep you "high." You also select your friends very carefully. Are they the ones who will "turn you on?" You also select the right Indian madras bedspreads to hang on your wall and the right kind of music, all to keep you in that state; that state which becomes farther and farther away from not only ordinary reality but from ultimate reality.

What then may happen is that taking away any of the external crutches makes an acid-head very upset and very uptight. Obviously there is a decrease in self-discipline, and of the expectation that one can get things from doing something. The tragedy about the LSD experience, even at its best, is that you can't keep it. Not only can't you keep it; but you begin to think it can't be done without it. The psychedelic hippie can get into this syndrome and it is very difficult to get out of, because there is no way to test it. He's already built in the antisocietal values— that work is bad, because it supports the establishment.

Then you get what I call psychedelic love. Psychedelic love may be able to be summed up in one of the qualities admired in our utopian community, "The epitomy of love, brotherhood, the equality, total humanistic concern for other people." But too often, we would look at each other very knowingly and say, "Sometimes to be truly compassionate, one must be cruel." It sounded very logical then, but what a cop-out that was. Insofar as love involves sacrifice, you don't get much of it in psychedelic hippieville.

In spiritual terms, this issue points up two quite different philosophies. One says, I must control my environment in order to remain free. I must escape this "Establishment" illusion in order to be free. The other philosophy says that one can develop oneself to a point where one could be "high" anywhere and doing anything. One could even go to college and feel that one's life was meaningful; that life is actually a laboratory from which to develop one's self. This is what the mystics have always said, and we grossly misinterpret mysticism or Eastern philosophy if we think, "Ah, what they mean is going out, and meditating, and withdrawing from the world."

There is a funny story. There was a Frenchman who had been pursuing a mystical path, and his teacher died, and he wanted to know if the teachers that followed him were valid ones. So he decided to go find the teachers of Gurdjieff, which was the mystic's name. He went to the Middle East, and Gurdjieff's teachers were what we call Sufis. (Sufism is the esoteric or mystical underpinning of the Mohammedan religion, for example. It's totally similar to Christian mysticism, as well as Vedantic or Hindu mysticism.) So he goes around (and you know, the gurus—the guides—are very cool about the whole thing), he keeps asking, and he gets sent from teacher to teacher. Finally he gets to one, and he thinks, "You know, maybe I shouldn't be asking what this guru taught the teacher, but what he can teach me." Finally, he was sent on to the top guru; it was one of the top gurus. He went out into the hills of Lebanon into this sort of hut—and he was very excited and very tense. This was really the pinnacle of his spiritual search. So he gets in, has a brief exchange with the guru; and the guru looks at him seriously and says, "Are you really ready?" And he says, "I think so." very sincerely. The guru says to him, "Are you prepared to forsake your ordinary materialistic existence, to go up into the mountains in a cave and meditate for long hours on a very limited diet for years?" Wow, he really put it to him then. You can see that businessman going through an identity crises immediately. But he's really sincere about it and finally screws up all his courage and commitment and determination and says, "Yes, I am prepared." And the guru looks at him, smiles and says, "You fool, you've missed the whole point." The message has always been to live in the world, but not of it. One should be able to play the "games" (if you want to call them games), but not get so attached to them that they control one's consciousness.

For example, I had a hippie friend—confirmed drug taker, confirmed dropout—who was sent to school by his mother, to college, and he finally got his degree; and he decided to split from the country forever. With a knapsack full of LSD, a few esotericbooks, he was off to Nepal. Why Nepal? Because they grow ganja, a very strong marijuana, all over the place there. It's a hippie paradise, right? So he went over, and being interested in spiritual things, did manage to meet Meher Baba. The first thing that Baba said to him was, "No drugs; go back to the United States; return to your job." The poor hippie was stunned, but he did go back. This is really the consistent message of the mystics. And this is why I think it's very much related to a very hopeful kind of attitude towards (what we might be able to do in) education. We can be able to hope that even in society and in institutions we can provide an environment for students to do the most profound delving into themselves that they can possibly do. They don't need to drop out; but drop in and become aware of themselves.

There's a very interesting story that Baba tells about the role of experiences in personal development. The implication of the psychedelic world is that an experience is good for its own sake and that an experience of some kind of higher consciousness leads to a permanent grasping of that consciousness. There's a story about this yogi. A yogi is one who is involved in some discipline which has to do with either mental, or physical control over one's consciousness. He was in India, and was a very greedy yogi. But nonetheless, through the yogi disciplines, he had developed an ability to go into what they call Samadhi. Samadhi is a stilling of the mind; it's sort of a trance which can last for a very long time and almost ceases physical activity as we usually know it. So he was going to a palace of this rajah in India, and he was thinking, "I've really got to have a thousand rupees from the rajah. I've got to figure out a way to do that." So he sat right opposite to the palace; and he turned himself on; went into Samadhi, and he stayed in a trance for seven days; didn't eat, (this is a true story) or didn't sleep. People started flocking around him figuring he must be a fantastic kind of spiritual being, at least a saint. And finally the rajah found out about it: "Hey, man, there's a saint on your doorstep." So the rajah came out because he wanted to get in on the high vibrations, and he walked up to the yogi, and jostled him by accident. And that little bump was just enough to wake the yogi up and bring him down from his meditation. Immediately, the first thing the yogi said was, "Would you please give me a thousand rupees?" The story illustrates that after all that Samadhi and meditation, he was exactly where he was before, precisely, no farther along.

I'd like to read a quote which I think is very good on this same idea. And this again is the "psychedelic cosmic fakeout" where you think you've made it, but you're right back where you're starting from, if not worse off. Meher Baba makes this analogy: "Just as a prisoner who looks out of the window of his prison and gazes at the vast expanse of the sky may be lost in the vision of unlimited space, the aspirant who enters into the trance—meditation may temporarily forget all his limitations while he is immersed in the light and bliss which it brings. But though the prisoner may have forgotten the prison which holds him, he has not really broken through; and just as the prisoner again becomes conscious of his bondage as soon as he turns his gaze to his immediate surroundings, the aspirant becomes conscious of all his failings as soon as he comes down to normal consciousness."

Somehow, all this discussion is relevant to the search for meaning and identity; and not just for students. Some of us may verbalize it more than others. On one level, we're attending this conference as certain kinds of intellectuals and workers who are discussing issues and who are making comment about the nature of the times. But let's face it, we are primarily human beings; and most of the things that we are tuning in on have to do with our own thing—not necessarily selfishly—but our needs, our aspirations, our desire to help; it isn't such an abstract thing. It's important to all of us; and nobody's totally satisfied, except those who have made it to infinite consciousness; and there are precious few of those.

I think it makes a difference in how we see human nature. I have been trying not to see pathology in students any more. Does that mean I'm closing my eyes? Well what I see every time I meet a person is a human being in some stage of their development, moving and growing. I see some people blocked. I see some kids blocked in their growth, but not for a minute do I try to believe that they've stopped, or for that matter, that they're secure, or have nothing more to learn.

Furthermore, I think there's an intuitive essence in everybody that is incredibly knowledgeable and wise, profound, and loving. And I think you have, in a sense, a choice. Who are you going to talk to in that student? Are you going to talk to what seems to be on the surface? Or, and I don't think it's mutually exclusive, are you going to talk to who is inside? You might take the view, (I used to) that here's a student who's in a crisis; and he's just barely holding together (he's had a very bad life history; no wonder he's so screwed up). The goal might be seen to tide him over and get him integrated enough to cope—simply that.

Suppose you take another view. Here is a developing human being who may well have all the divinely human and beautiful aspects of what a human being can be capable of, but he's missing the boat somehow. He's not there; although he is capable of getting there. This seems so important because you communicate to the student what you think he or she is, he/she picks up on it and makes it a reality.

As usually defined, I don't think mental health exists—probably because I don't think mental illness exists as such. I think you can describe mental health as a person's progress in their own internal growth. If it's moving, they're healthy. I think we can view our society as being a very sick one if we wanted to and a lot of people in it who have a fantastic identity crisis. This is what I see. Identity-type crises in college students is the most profound type of threat and anxiety that I think anybody can have. So, of course, they're looking very disturbed nowadays. Some of them look really disturbed, because they're really coming to grips with that thing that most profoundly affects every human being.

For example, once I had a student with a terrible psychiatric prognosis. Diagnostically, I didn't even want to think about it. I didn't want to think because it was such a bad case; furthermore, I was in the counseling center, and we don't do long-term therapy. But I decided to experiment: I asked what would happen if I reinforced this person's most sensitive and creative aspects. And if you want to describe the therapeutic process, it was almost like a combination therapy of a half-time pep talk and just plain constant positive feedback. I was startled, to tell you the truth, and I've been startled in many of my cases. Here's a kid who consulting psychiatrists said would probably be hospitalized, at the least would need life time therapy and could only hope to be borderline. This kid has moved into getting straigh A's, took out girls for the first time in his life, and was able to go out and interview for a salesman job, when before the thought of telephoning sent him into waves of terror. Perhaps these were remarkable changes, but there wasn't any particular therapeutic secret I had, except that instead of communicating to him his block, his pathology, his disturbance, I reflected back his potential. And I think that's in everybody. The more I think you tune into student crises as being situations from which they may discover their potential, you have a big jump on them.

Let's explore one further question: What is the proper role of a college in this whole business? Well, as I said in my paper, I do think that it's naive for a college to ignore the profound concern of a student about his own identity and ultimate concern. It's been said that mere knowledge doesn't necessarily do anybody any good. What motivates most faculty members and even most deans and most counselors? Their identity is usually not totally tied in with the communication of information nor just the communication and the fulfilling of their job. They're acting as human beings also. I think there are very few examples of really effective academicians or researchers who have not integrated their role into their own image, their own identity as a human being. I don't see why people couldn't get academic credit for counseling experiences, for being in groups, for guided self-exploration.

Further, course curricula could be broadened; for example—a course in the meaning of life. One knows that such a course would be of great interest to students. Why? Because this is a profound concern, perhaps the most profound. We must integrate all phases of student experience in college. I see no reason why learning should be devoid of its immediate application to the human condition. In a mysticism course I recently taught I received some really fantastic papers on subjects that ordinarily would be thought to be extremely bizarre. They were fantastic and brilliant partially because of personal commitment to the topic added to their ability to use personal experience as relevant data. In this society we might expect that colleges are going to have to move into this whole area and recognize that self-exploration is a valid part of learning and should be treated as such. Obviously, this shift implies a new role for a counseling center or a psychiatric service. Suppose instead of "The counseling center" and "The psychiatric service," you had something like a "Center for Student Growth," and it was expected that students would be able and encouraged to visit the Center as a logical part of their curriculum. That way, even the student's perception of a crisis would be much more positive.

One of the most effective things I've ever found to do in a student crisis is to tell him it's all right and natural: "You're panicking, having anxiety; well, of course you are; you should be." I get the feeling most emotional crises in college students are the result of a secondary syndrome. Many of the kids I see, who are anxious, are anxious about being anxious, not about what got them anxious in the first place. The people who are really depressed are depressed about being depressed; and that's the most depressing thing of all. "I shouldn't be depressed, and I don't know why; and I'm anxious; am I going insane?" This can be countered with a positive atmosphere: "Well, of course, be depressed today—very appropriate. What is it teaching you?" Or, "Good, you're hung up; it's about time. What have you been hiding from in yourself? What a happy thing!" It seems naive; but it shakes up the students, and can give them a new perspective. It gives them, perhaps, a way to look at their life in a more positive way.

So, in a sense, I'm very, very optimistic about what's happening. Even though I see a lot of personal tragedy with kids using drugs, I think behind it is a great hope. This hope is the realization and striving toward meaningful human values, the things that would make not only college but society and our entire world more meaningful, more a place of love and growth, and more like we all know it could be. I'm very happy about that. I see the constructive aspects. I see it as being a very critical time; in the drug world it can go either way—madness or death vs. awaking from illusion. I think we all have our role in this. I think we're all probably going to experience it and feel it—not drugs but this whole issue. Not only with our ownselves, but our friends, our children and certainly the students we work with.

There's a quote that I would read, finally, which I think is right to the point; and it's about games; and it was given by Meher Baba almost as a response to a kind of emphasis on games in the LSD world. I think it really puts perspective on what is happening and the challenge we face. Baba says, "To penetrate into the essence of all being in significance, and to release the fragrance of that inner attainment for the guidance and benefit of others by expressing, in the world, of forms: truth, love, purity and beauty. This is the sole game which has any intrinsic and absolute worth. All other happenings, incidents and attainments can, in themselves, have no lasting importance."

Friday, July 21, 1967 10:30 a.m. session

Panel:

John S. Healey
Alan Frank
Allan Cohen

"THE DRUG TRIP—A ROUND TRIP OR ONE WAY"

Healey: In the invitation that I received from Ted Nelson, he indicated that I should say a few words about the problem of a trip, and I'm taking him literally; I'll do just that. You have quite an array of talent on this program. I was reviewing it just a few moments ago and was impressed with the number of Ph.D.'s that you have on the program. I feel that you'll get far more from them than you will from me, since I more or less stand alone here as the much maligned fuzz.

As the chairman indicated, I am one of nine field office directors in the country representing the rather newly established Bureau of Drug Abuse Control which came into being in the spring of 1966 following the passage of what we refer to as the DACA amendments, the Drug Abuse Control Amendments, which were to become effective February 1, 1966. This act put us into being and gave us the responsibility for getting the illicit manufacturer of drugs and the elicit seller of drugs off the market. The law doesn't cover the use of these drugs or the possession of these drugs for use of members of the household or even a household pet. Its aim primarily, as I say, is at the illegal manufacturer and the illegal seller.

The drugs that I am talking about are in three categories. We refer to them as the controlled drugs because they are controlled by this statute. These are the stimulants, the depressants, and the hallucinogenics. In the stimulant category we have the amphetamines which are the pep pills; and in the depressant category we have the barbiturates, which are known in the jargon of the street as the goof-balls. These are sedatives. But the third one, and the one that we are dealing with in this particular seminar, is the hallucinogenic drug which includes the more popular lysergic acid diethylamide (LSD 25), psilocybin, dimethyltryptamine, mescaline, and peyote. Of these, peyote is peculiar in that there is a special exemption for the sale of peyote to legitimate members of the Native American Church. The Native American Church which is comprised of American Indians has been in existence for centuries and has used peyote in its tribal rituals. The Federal Government recognized this, and in deference to this practice as a religious rite, gave a special exemption to the Native American Church. Otherwise there is no legal sale of hallucinogenic drugs. There is no legal sale of LSD. The only legal possessor of LSD is the Federal Government and those approximately 41 investigators who have been licensed by the Federal Government to carry on research on animals and humans, using LSD, to determine if it does have a therapeutic value, or what the dangers may be therein.

So my position and that of our bureau is that this is where the hallucinogenic drugs belong, in the laboratory until such time as we do find a use for them, and until such time as they are proven safe. Of the 41 investigators approximately 15 of these are experimenting with humans. We have had one in our territory until recently, a Dr. Edwards with the Veterans Administration in Sheridan, Wyoming. Dr. Edwards was experimenting with LSD on alcoholics. As soon as he learned of possible damage to chromosomes from the use of LSD, he discontinued his research and is no longer using LSD on alcoholics. He felt that in ethical fairness to the patients up there he shouldn't use this drug until he has more information concerning danger to chromosomes.

The problem in our area is not as great as it is on the West Coast. The West Coast has a real problem in drug abuse and, particularly, drug abuse with hallucinogenics. Of the nine field offices, I'd say our California office would have far more in the field of illegal salesmen than the others. But one point I do want to dispel. I often get the question, "Who are the drug abusers; who are selling these drugs; are they the college students?", and I want to dispel that now. One statistic that came out of Los Angeles was that of a 136 arrests made in 1966 only six of these were college students. From our national figures of 359 arrests made from March, 1966, through the end of December, only 35 were college students. So most of the violators as we see it are the hangers on. You'll find them around the colleges; but they are college dropouts; or those who have never attended college, but have an affinity for the college student; and you'll find them in the 3.2 beer joint around the campus or even in campus activities. I do want to dispel that because I think the colleges have been maligned, too, in this area of drug abuse.

Now, we're finding that (and I'm speaking to you as the law enforcement man—your medical questions will be much better answered by someone with a medical degree), but what we're finding in the enforcement field is that it's coming in a variety of forms. Initially, it was coming in as a liquid and the sugar cube would be impregnated. Now, that's more or less old hat because of the problem in refrigerating the liquid form of LSD. More recently we have been finding it in capsules, and quite lately in a rather professional tablet form. It's a tablet a little smaller than an aspirin with a glossy coat, and it's a real professional job. And our ballistics are showing that they appear to come from the one source, which we have yet to determine.

As to reactions, I personally have never observed anyone on an LSD trip;

my agents have. My agents have told me of an instance when one youth was picked up in Denver. He was arrested as a drunk; he gave all the symptoms of a drunk. He was crawling through the bushes in the back of his house and digging in the dirt. They realized soon after he was incarcerated that he wasn't drunk; but he was almost completely incoherent. He was interviewed by our agents on the following morning when LSD was suspected; and, of course, we interviewed him to determine the source. We have no jurisdiction over the fact that he took LSD, but we did want to know where he got the LSD. It was then that he revealed that he had taken about 30 trips, and these were all euphoric; but this time he went off his rocker. He was having a "freak out," and he thought he was an animal, and he was digging in the dirt.

In an instance in the Boulder jail, a young fellow had been running down the highway nude and was picked up by the police; and he was trying to climb the walls and growling. He thought he was a grizzly bear.

I'm a neophyte in the field of reaction to LSD, because that's not my end of the business. As I say, my primary obligation is to get the illegal manufacturer and the illegal seller off the market. I am concerned about the user, even though our law doesn't cover him; and part of our program is educational. I personally feel, and our department feels, that there should be an educational program aimed at the general public and particularly today's youth. A factual program, not a scare-type program. We should advise them, starting in junior high school, why we have drugs, what the therapeutic value of drugs is, the danger of taking these drugs when not taken under a doctor's prescription; and let them make an intelligent choice. At least, I feel, at the time when they are exposed to the drug, when the pusher or the companion is saying, "You haven't lived until you've gone on this trip!" At least that individual will have the benefit of some scientific knowledge to make his own choice.

I've said my few words, and let me turn it back to the chairman. Thank you very much.

Frank: I was half challenged to define my affiliation; and I'm not sure what it is, except perhaps to the squares.

I wanted to follow up on some of the kinds of things that Dr. Cohen was talking about, because I've been interested in trying to figure out why, at this point in history, we start developing these symptoms; why they take the particular form of the unrest among youth, among the natives. I want to go back to some of the things that Richard Blum has been talking about occasionally; such as, our "pill addicted" culture as one of the factors that's involved. And he points out that indeed, as a New York Times magazine article last December—I believe it was—pointed out, we are a pill addicted culture. Or we have developed technology to the point where if one doesn't like one's looks or wants to improve them slightly, we go to the drug store (notice the word) and buy cosmetics. Or if we're seriously disturbed with our looks, we go to a plastic surgeon. If we are disturbed with our personalities, we either go to Dale Carnegie or, occasionally, to a psychiatrist. We have a long tradition in this country of fighting nature, and these are expressions of it, and certainly our pill addiction is another aspect of this. Every family's medicine chest has quantities of aspirin, usually mild sedatives and mild stimulants; and if they aren't found in the medicine cabinet, they are certainly found in the kitchen. I could point out that you can get any degree of drug you want around the average house. We have all kinds of mind-manifesting substances with: alcohol, tobacco, coffee, tea, Coca Cola, and so on. All of them operate in somewhat similar fashions, subjectively, although in varying degrees.

Another theme that runs through this, I think, is that we are also a fun-addicted culture. Somehow, I suspect this goes back to Dewey, or a misinterpretation of learning by doing; in order to get kids to do things, you make it fun. We have now gotten to the point where, as far as I know, there are no schools in the country that are emphasizing that life is often boring, sometimes is rather painful, and certainly can be most upsetting on occasion. You have got to have fun all the time or something's wrong. These two, of course, make a pretty good groundwork for the use of psychedelic drugs, which essentially cut across our Puritan ethic on the basis of being the pursuit of pleasure for their own sake; and, you see, this is definitely sinful. Why alcohol and some of these other mind-manifesting substances are excluded from this, I don't know, precisely. I mean, these things are all opinion, anyway. But they are, and the real difference it seems to me, is simply in the level of public acceptance and attitudes about these different substances. I might point out, that apparently very few people picked up the paradox of one of the Regents of the University of Colorado who makes his money producing mind-manifesting substances, producing a statement that somehow the psychedelic drugs are bad and will not be tolerated on campus. This, unfortunately, gave considerable weight to the rumor that has been going around that the tobacco and alcohol industries got together in the 30's and promulgated the Federal laws on taxation of marijuana because they were afraid for their own profits. Whether there's any truth in this, I haven't any idea.

I would like to take off on another theme which has interested me for sometime. I found as nice a statement of this in a slightly indirect fashion in the Bulletin of the Atomic Scientists. I believe it's for April, 1966. The lead article is entitled, "The Impact of the Concept of Culture on the

Concept of Man," by Clifford Geertz, a cultural anthropologist. His thesis—and he does write delightfully as well as spelling out a number of the implications—is that someplace back in the Ice Ages, man (as if one did this kind of biological thinking consciously) decided that if he were to survive the changing climactic conditions and one thing or another, either he was going to have to change his genetic structure or develop a substitute. The theory behind this being that the behavioral genetic determinants in most lower animals are quite highly specific and make the continuation of the species possible. Man was faced with the changing climate, which would have been lethal, if he hadn't either changed his genes or invoked, as Geertz would call it, some other kind of control mechanism to determine patterned behavior in biologically meaningful terms. He chose the latter course of action and generalized the genetic control and patterning of behavior to a point where one now develops hunger, for example, but how one is raised determines appetite. This you can follow through in almost every area of living: one has the basic propensities, but the definition of how one fulfills them, how one copes with them is determined not genetically, biologically, by molecules but rather by culture. Which in Geertz's term then becomes a control device rather than anything else. This thesis, I think, is useful to us in terms of education in the broad sense; in terms of enculturation which I think is a very close parallel, and certainly related to the problems of drugs today as I see it.

Let's go back to Bob Dylan's statement: "The times they are a changing." If one goes back historically, you find a delightful progression in the philosophies through time. Start arbitrarily with Copernicus and his change in the characteristics of the universe, the understanding of what went around what, for example. Ptolemy's musical spheres produced a violent discord at that point, and we are still struggling with some of the aftermath of this change in the concepts of what the physical structure of space and universe is all about. Move forward another step in time toward the present, to Descartes and Newton and the concepts of mechanics and mathematics of the universe as we understand it. This is getting closer to home just as Darwin gets closer to home in terms of relating us again to the natural world. And I think one can say that perhaps Freud, as much as anyone else, is at least associated with the psychological revolution of the Twentieth Century, which also is really a change in concepts about causality. Prior to this time, although there were many bits and pieces of this kind of thinking in the past, causality in the universe was believed by man to always arise from something outside himself, beyond himself. This, in one set of terms, gave a theological explanation of events, certainly mystical; with Newton it became mathematical and "governed" by scientific laws. It is only in this century that the causality of man's being, his nature if you will, goes back to himself. For the first time in recorded history, as far as I know, we are in a position where you can defend the thesis that man indeed makes himself whatever he is. This, of course, helps to explain some of the multiplicities of ways that man appears in various cultures throughout the world. And if one looks at these various cultures one sees quite nicely how, in effect, they answer four kinds of questions: each of these cultures being complete unto itself in supplying the specificities of meaning that the genes no longer contain. You could put it at these four levels: the nature of the universe, who makes it, who runs it, what the purpose is, and so on; the nature of the world, the world of nature, what it's all about and where man fits into nature; the characteristics, the meaning of social living, the society; and of course, at the fourth level, the nature of human beings themselves. And if one defines for any particular culture the values in each of these four areas, one has rather nicely, if somewhat abstractly, defined the culture. This, of course, is true of ourselves too as well as any other culture.

To go back to Geertz and to these kinds of threads, I think what we're seeing in the use of drugs now is essentially the failure of our culture to take up the slack in the responsibility of how one becomes human after having been born in the form of a human organism— there being quite a difference between that and human beings. I've encapsulated this in a point of view which is somewhat argumentative; but essentially we take children, and we supply them with the basic kinds of tools they're going to need if they're going to get anywhere. We toilet train them—(and one gentleman I know had an experience with problems of sphincter control as a middle-aged man, and came back from his surgical experience stating that the basis for civilization was indeed sphincter control, because without it one did not have time or energy to think about anything else. There's a point there.) We give a child a basic introduction in the first six years about what it means to be born in the North American continent in this particular culture of ours; in the subculture of the region, and the sub-subculture of the community, and the sub-sub-subculture of the family, each one of which entails a slightly different set of values, patterns, and so on.

And then, lo and behold, he reaches the age at which we feel it is appropriate to start formal education at which point, from this argumentative point of view, we banish him to an alien culture which teaches a set of values and a set of patterns of action which are, if not directly contradictory perhaps, only simply irrelevant to what goes on in the rest of the world, particularly his own community. Because he knows most of what he's taught in school doesn't work that way once he's out of school. This follows through for some twelve years. Most of the time he's not in school, by the way, he spends in subsidiary institutions (such as Boy Scouts, Little League, or Brownie Scouts, or whatever) essentially getting an indoctrination in the same artificial culture of the school. We think it's very cute if one of these young men, or young ladies even (I've got a very pretty little paper girl myself at this point), does take a paper route and starts playing at being adult. This is the kind of level at which we interpret it: it's indulgent and patronizing at best. By and large, however, they obviously ought to be studying. In addition to this, of course, if they're not involved in these other activities, they're watching television. Again, even another culture which is not particularly related to living.

At the end of this time we present the 16 or 17 year older (and usually the kids are a year or two ahead of us on this one) with the fact that the world that they have been trained in, the value systems they've learned, the patterns of behavior that they've learned, are not going to be very functional in the outside world. They're going to have to change them not only because they're growing up, but because the world they've primarily been living in is not related to the day-to-day world of the adult. Most kids are quite aware of this problem and the necessity of learning something about the adult world. They begin to get into "difficulties" meaning they start causing trouble in school. They begin to develop ideas of their own—ways of trying to make sense out of this transition; and indeed, it is a major transition, after putting in 15, 16 years of learning how to be a child. In some four to six years, if one goes to college, one is somehow expected to come out the other end in the position of, or at least potentially able to be, a parent to one's own child, one hundred and eighty degrees in the other direction. This, I think, goes back to Dr. Cohen's comments about panic, disturbance, confusion in this youth group—the teenagers and young adults; and, I think, is related to the use of drugs.

Presented with this kind of need for internal revolution the student essentially has two choices: He can either try and fight it out, or he can opt out and say it isn't worth it. Now you notice I defined the culture he was in as essentially lacking in human contact at a direct person to person level. He deals with teachers—a role; he sees parents—occasionally—(I gather it's mostly in terms of gathering money or borrowing the family car, and again I'm talking about the high school age); but generally there is no effective transactional kinds of relatedness with adults through much of this sort of living nowadays. In terms of the enculturation, of course, one learns how to be human in the presence of, and interaction with other human beings. And yet we've mechanized education to the point where you can draw a beautiful analogy between the industrial assembly line and the academic assembly line, both of them giving manufacturers' warranties at the end of the process.

I think that we're seeing among these drug users (I don't like to call them abusers because that's only from our point of view) a statement that, "Look, things aren't working. Somehow the kinds of messages, the values that you old 'squares' hold, are meaningless because they've never been made important to me." I would invite you to contrast the pattern of urban-suburban living for youngsters today with that which existed, at least in the American tradition, a hundred years ago in the farm community family, the extended family where everyone had to contribute actively if the community itself were to survive. In other words, a very meaningful kind of day to day existence, working in a context in which one could see the next steps in one's own progress because one had older brothers and sisters and other people around who were doing them. One could think about them ahead of time, prepare oneself for them, and this sense of interrelatedness was present and necessary. If somebody didn't feed the chickens or milk the cows today, the family community got in trouble.

This is in sharp contrast to the kind of living most of our kids go through today where there is no direct relationship to experience in basic values, in what it takes to survive at all. It's more who you can con into giving you something. This is nicely reflected in some of the observations about our culture in which it has been noted that the important thing is not how good one is at various tasks so much as how successful one is in dealing with other people.

In looking at the "hippies" on the Boulder campus in the past, I have seen four groups. Now granted, these are very, very crude; they overlap, and they're more modal spikes than they are any distinguishable outfits:

> The first have been referred to as adventurers; those who will try some of these psychedelic substances a few times to see what they do and whether they like them. Most of them do not continue.
>
> Then there are the ones who are looking for social acceptance, approval, support—the go-alongs who will get involved in these drugs and put on a kind of pseudohippie stance. I remember one young lady who had done this very successfully, a rather severe hysterical character pattern who had discovered drugs as the answer to living. She had many of the patterns, but they weren't really built into her; they were assumed. And she was doing quite nicely. Never had a bad trip, wasn't anticipating any; and, surprisingly enough, I suspect, she probably won't have any. Drugs had answered many of her problems. These

I think are probably occasional users. I use this particular example because it illustrates the fact that these drugs, in and of themselves, only offer opportunities, as I see it, for the expression of or temporary resolution of many kinds of personal disturbances or difficulties.

Then there are the "hippies." Those who I'm saying in effect have never learned to interact effectively, rewardingly, comfortably, with human beings at some rather basic level and instead are holding love-ins, be-ins, and one thing or another. From a rather jaundiced external point of view it looks much as if they were often simply trying to recapture the types of human relationships that most older people, already enjoy. These people are likely to try all kinds of drugs. One friend of mine was trying darn near anything that came down the pike. Unfortunately, of course, she happened to be an example of a good outcome. She tried LSD with some very specific goals in mind, one of which was to learn how to relate emotionally to other people which she was unable to do; and lo and behold, she achieved this. In my terms, it was a very successful use of LSD. But she was an unusual kid, and she had had a long experience being in relationship with this group that used drugs. She'd tried many of the amphetamines. She had tried "pot." She knew a lot of the acid heads and she went into it rather systematically and carefully.

The fourth group call themselves, as far as I know, the Psychedelic Community. And these are the only ones who will support my position; and that is, that what one can do with drugs, one can also do without them, if one's willing to work for it. "Hippies" will not accept this. There's too much of the need for exclusion and status. The real members of the Psychedelic Community I've learned to differentiate on the grounds that they're willing to be reasonable, and because they use the drugs for quasi-religious, philosophic purposes.

Now there are some other considerations. I want to mention one or two other side effects here. One is that I think the idea that physicians are competent to deal with bad trips is misleading at best and probably erroneous. The psychiatrists that I personally know who have tried LSD; for example, or others of the stronger hallucinogens, are all in my terms rather overcontrolled, obsessive—compulsive personality types; and, as one would suspect, got essentially nothing out of the relatively mild doses of these things that they took. They certainly are not necessarily competent to deal with the kinds of florid subjective experiences that a really good acid head can experience. And they've been trained in the tradition that says somehow that if one shoots the individual full of the proper antidote, that one can walk away and leave the antidote and the individual to wrestle it out together, and the patient will show up fine the next morning. I'm referring, of course, to thorazine or one of the heavy tranquilizers which is supposed to work very nicely. Unfortunately, I think this is probably the wrong way to deal with the serious disturbances of bad trips. As far as I can tell from talking with my "hippie" friends, it's much more effective and much more useful not to use drugs at all; but rather to present oneself as the therapeutic agent, to remain with and guide the trip as best one can, and help the individual get back down to earth again. And it can be done this way even in acute kinds of disturbances which are not drug precipitated. This is the way I've handled most of the acute psychotic breaks on campus for the last few years; and it works. You supply the guidance, the strength, the support, that the individual needs at the moment no matter how crazy they may be talking and they'll listen to you, provided that you're reasonably sensitive and responsive to their needs.

I'd like to go on and talk for a moment about the problems of education.

A professor of classics, Hazel Barnes, was on a panel with me in Denver last spring and made, I thought, a very good point: any attempt (she didn't put it quite this way) to control these substances is going to fail unless the youth know that they have the freedom of choice to try them or to decline them.

I was talking at some length after the panel in a question period and got the impression that some of the adults present were accusing me, as I listened between the lines to their questions, of advocating the use of these drugs. I found that kind of interesting, because so far nobody has accused me of that who I talked to at any length, so I took a straw poll right on the spot. There were maybe a dozen adults present and maybe 50 students—young adults. The adults, by and large, felt I was advocating; the students felt I wasn't. This gets me around to the point of how you go about educating people to know what's going on with these things, what they are all about. In the past most of the folklore about drugs as far as I know has been promulgated by the Federal Bureau of Narcotics, and contains some pretty wild ideas about what drugs will do. You know, they make you a dope addict, and if you are in any way associated with a dope addict you become addicted, too. And if you are an addict then you are a drug fiend which also means you're a sex fiend. God knows what else it means, but it's pretty awful: I call it the Fu Manchu School of Thought. This is not the pharmacology of narcotics. They're primarily sedative. People take them to feel better, and when they're on them they don't do things, by and large, that get them into trouble. Anyway, we have that whole erroneous and irrelevant tradition to combat in relation to psychedelic drugs, which operate totally differently. But, like the narcotics, they also give a wide variety of response depending on what you expect. If one is going to talk to this age group (and by the way, I'd agree with Richard Blum that education about drugs in the broadest sense including aspirin in the family medicine cabinet needs to start in grade school, it's much too late by the time they're in junior high or high school), then one has to begin talking in terms that make sense. The old pattern of totally condemning simply does not work with youth. My own kids were coming back from junior high school some years ago saying that they'd had a very interesting class—a movie usually—on how to be a drug addict or how to become an alcoholic or something. There was no deterrent aspect that they picked up at all, except that adults thought drugs or alcohol were bad. Our own "hippies" on campus are asking many questions about these drugs. At present, the thing that they want to know generally is what are they good for? What positive uses do they have? Now, you see, the minute you start talking about this, obviously you are advocating—according to their parents. But, unless you give them both sides of the story, they write it off as propaganda: and they are incredibly sensitive to this. They've had many years of training, knowing that most of what adults feed them is not related to the real world, as I stated before.

There are lots of other comments that I could make, but I think that I'll stop there and let Dr. Cohen have a chance at elucidation or question.

Cohen: I'm glad you said those things. I think they needed to be said on both education thing and categorization of different kind of motives. I fully subscribe to what you said about education, it being something I feel strongly about. You just can't turn somebody "off" by telling them they must "turn off." You want them, even if they are taking it, to decide for themselves that it's no longer good for them. It's a very powerful growth-incentive and accomplishment for kids to have been able to make a decision like that. To say, "O.K., here's the data. I've taken it and my friends have and I'm not going to anymore." Or maybe, "There are better ways to do it." This is clearly preferable to the paranoia that surrounds them, when they worry about negative sanctions. For example, Ronald Reagan came out on television in California and said that LSD was a bad thing, and that there should be all kinds of things done about it. This may have turned on more teenagers than it turned off. Because I think the youth and the "hippies" are very quick to use opposite logic. If the bad guys ("The Establishment") say, "No, No," it must not only be good but desirable. Right? It must be fun if they say it's bad. That's why I don't think you can make headway with a negative approach. I'd just like to use my ten minutes here to open it up to questions, and then perhaps we can give it back to questions for the entire panel. I'm sure you might have some.

Q. Do you know what the content of STP is?

Cohen: That's an interesting question. Yeh, my grapevine from the old days (that's a funny, it just shows you what rumors are going around)...It was in the San Francisco Chronicle that it had been stolen from a United States Army or Navy Drug Center, and it was really a drug call BZ. Well, somebody then said that was wrong. Then there was the rumor out that it was serotonintriphosphate—STP right? No basis, in fact. What may have really happened (and I don't know, this may or may not be useful to you, so I will introduce this as pure speculation in order to protect myself) was that the "hippie" chemist cabal, which is very sophisticated, decided that one of the most interesting strategies for promulgating legal drugs was to come up with an entirely new substance and disguise its identity so that it could never be legislated against. Their thinking was much in line in terms of the thought behind Coca Cola, which I understand is almost impossible to analyze chemically; and thus they're very safe, nobody can duplicate it. They probably picked a name out of the air—somebody was probably riding down the street, saw that engine additive STP and someone may have exclaimed, "Let's call it STP!" My understanding is that it is a new chemical; the hippie chemist decided that it looked enough, molecularly, like LSD to be hallucinogenic and ostensibly tried it on a few people.

Its action in its pure unanalyzable state was like sort of an extremely long experience. I've had reports from "hippies" that it was terrible; they wouldn't do it again. Others say, you know, it's the next level of LSD. There was a finding, that if one used chlorpromazine or compazine or thorazine with it, the combination had some disastrous effect on the respiratory system, in the sense that it stopped your lungs. And I was interested; I leave no methods of investigation closed; and I sent a sample of STP off to my favorite clairvoyant psychic in Boston for a psychic analysis. She was very accurate about LSD two years ago; she predicted the chromosome thing and some brain cell damage, which I'm expecting to be found any day now, and certain liver things. She confirmed the danger of STP psychologically. The guy who gave it to me said, "You want some STP, remember don't take any 'downers' with it!" O.K. "Downers" are like tranquilizers or barbiturates. I think it's fading from the scene. It was given out free as sort of an advertising P R gimmick in one of the be-ins, and I see its use on the way down now; but they're going to keep producing stuff. This is the legal problem, but they have a very good idea as far as logic. They can't get into any trouble unless the law first can identify the substance, and it's very difficult to do that. So, we'll be watching and waiting.

Q. Dr. Cohen, would you try to give us some idea of what you experienced under LSD?

Cohen: Everybody says it's impossible, and I agree; but I'll try to anyway. And they're all different. I can tell you one which I got through which was very vivid, and to this day it still gives me the shakes. I got through it all right. But I could see where it could have given another configuration and personality, blown one's mind for a long time. I was in Cape Cod and I was guiding a trip, as a matter of fact; and back in the old days, we figured that in order to guide a trip, you had to take almost as much as the person you were guiding to be on their level. So I was pretty stoned out of my mind at that time, and it was a drag because, I remember, the individual was not having that good a trip and I really was struggling with her. Anyway, it was about six hours through, and I went into the bathroom, was washing my hands, and I happened to look in the mirror, which I should never have done. This is probably the most famous trick under LSD, the biggest shocker; if you want somebody to confront themselves, you just have them look into the mirror under LSD. Well, I just looked quickly and just in that instant I saw that there was somebody in the mirror; somebody slightly different from me. I sort of looked at him, and I don't think he was very friendly; I didn't at the time. It was clear to me there was slight hostility in his mind; and it was definitely him; and I had the flash, the intuition that I was going to be in for a fight; and that I'd better not leave that mirror. Something said I had to—I had to join—a certain battle. So I started looking at it, and there was no question now that he was very hostile. He was some sort of threat or something. It was my facial image and I started to hallucinate on the image, and progressively this face became more and more contorted, and it began to have patterns on it. First of all there was like Indian war paint, it was just terribly vivid and I understood that it was a hallucination, mind you; but it was also very real and I didn't think I could leave, so I was locked on his eyes. It sounds really crazy, doesn't it? What happened, see, was that I figured I had to be equally firm with this being in the mirror because there was a real challenge; and what happened suddenly, obviously, was that when I sort of responded facially with a little more firmness, there were subtle changes in the image which just made my hallucination more spectacular. So it got to be this very hostile Indian, American Indian, and it kept moving back in time; then he grew all kinds of hair on his face. He acquired a long beard, sort of looked a little prehistoric and he was getting meaner, no question about that. So I had to get meaner back, and I was glaring at him. (The whole thing happened within about two or three minutes.) And then I knew that at that point I was in the biggest confrontation of my life, and I was either going to die or come out of it all right, and there was no compromise; I could not leave. Oh, did I want to leave there! But it was very real and I knew that if I left, there would be something incomplete, something cowardly. So, the face got more and more contorted and more and more evil, and then it turned into definitely a prehistoric, Neanderthal type person. And I could also see energy circles around his eyes and things, and he started growing long, long fangs like the saber-toothed tiger. And he got more and more hostile and I felt, that it represented a real attempt to destroy me. Well, he got meaner and meaner and I remember his teeth started dripping blood and I can recall myself gripping the edge of the sink, really hard, you know, and I was glaring back at him. Obviously, the image got more and more that way, so the hallucination became more spectacular. And then he went back into all kinds of prehistoric, monstrous types of things until it reached a climax, which I can't even remember exactly because under LSD your imagination is really speeded up and, literally, my imagination took over and made this image the most monstrous, hideous thing my mind could make; and my mind picked exactly those things which I didn't like. And I remember at the end something about purple intestines blowing out of his forehead. It was truly bizarre. And I tell you, I was right there with it. Well, after this incredible confrontation, just after it, I knew that something had happened and I knew I had him licked. I knew, really, that my mind had shown me in reflection its most hideous composition and its most evil projection. And it turned out that I was still there. He was still there looking hideous and prehistoric but then I just looked at him in his eyes and brought him back. You psychiatrists are going to have a field day with this; but anyway, I brought him back up through like the stages of evolution; and I could feel a lot of his negative energy being incorporated into myself. I brought him back up through the Neanderthal, through sort of the hairy one, through the Indian and back to normal state; and then I figured, why stop there? So I kept bringing him up and up and up; and suddenly I was seeing a very beautiful, conscious, spiritual being, sort of with a Buddha-like smile. Obviously, I was smiling at this point too. I got up to the pinnacle of Buddhaness and I quit while I was ahead. And I walked out into the living room and collapsed in total exhaustion; I'll never forget that experience. Now, I hesitate to think what would have happened if I had left that mirror prematurely; I think I would have felt that that guy always had been in there and that I never faced him. So this was a combination of the hallucinatory, sensory things, the powerful emotional things, and also the mental things; and I wouldn't exactly call it a bad trip or a good trip. What I can't communicate is how powerful that experience was and how total the involvement. I was pretty experienced at this point. But people who found themselves alone looking in the mirror, (I've seen a lot of mirror "flipouts," you know) when they look at themselves, and suddenly their face starts to crack like a statue; and they fall apart; and they project and they see themselves in all kinds of ways, very disturbing. So that's one example. There are a lot of, thousands of others, but maybe that's representative.

Q. Dr. Cohen, you talked of your experience, having that experience, that development is the major thing that you anticipated. Do you think that people who have made these trips have achieved development that they would not have achieved had they not made the "trip?"

Cohen: Well, this is a toughie, because a lot of people have learned from drug experiences, whether it's alcohol, narcotics, LSD; and a human being, particularly a growing person, is an amazingly resilient creature and will tend somehow to make the best out of whatever they do. In that sense, obviously people who go through any powerful experiences learn something. The question is, "Is it worth it?" Now, I submit to you that many of the positive personality changes that occur under LSD could happen equivalently if we took you and parachuted you into Viet Nam, into the jungle, unarmed; and your mission was to get back alive. I have a feeling that those of you who would make it would come back and some of your friends would say, "Wow, has he changed! Life in a lot more perspective, very much more profound, seems stronger in some sense, seems to have learned something, to have grown." Surely any really dramatic and threatening, profound, and even terrifying experience might well show you resources in yourself that you never thought you had. But, I think as a general policy, we would not parachute people into Viet Nam in order to grow. And the same thing with LSD; I admit people can get something out of it; but they get something out of everything; and I don't think the cost is worth it. I think I could have used my three years of involvement with LSD, despite all these spectacular experiences, much more productively in terms of developing my consciousness, than I did. I would not advise anyone to ever use LSD except under specifically therapeutic circumstances with a trained therapist and in a controlled setting, for any phase of self-development. I think you're just downright lucky if you get anything out of it that will be ultimately of use to you besides an interesting experience. The consequences, either the continued use and what might happen to you then, or the delusion you might suffer, imply that your effort is much better spent in trying to do it without drugs, which there are many ways.

Since we have limited time, suppose I sit down and suppose you direct your questions to the panel.

Q. Dr. Cohen, I'm interested in Varnavici's objectives.

Cohen: You mean the long term physiological effects? I don't know if you have it or not; there is a brochure of the Conference Workshop that has some excellent articles on it and I would not summarize it. The evidence so far ranges from the fact that snails develop spasms of the foot—if you're a snail fancier—up to some studies on dogs which have found degenerations in brain cells of large, large doses. Human studies show a statistically significant increase and damage to the chromosomes in both LSD introduced into human blood outside the body and of old time acid heads. It may be dependent on the heightening of the dose. This research is just starting; we don't know the implications genetically or for the future generations. We just really don't know a lot about it and it's difficult to get that kind of data because it's difficult to investigate a human being. You wouldn't want to do it under LSD, because it would probably be unethical, medically, and would cause a very bad trip if you start jabbing needles in anybody at that time. You don't get many autopsies where the person has kindly put, "I have taken 25 LSD trips, feel free to look around." It's tough to get data, but the data that has come out has not made the acid heads happy. I will simply say that.

Q. Can a person develop a tolerance so that a larger dosage is necessary for a satisfactory trip?

Cohen: Yes, and then again, no. If people get tempted to having deeper and deeper experiences, and they feel that it's related with dosage. I know a guy who took 3,500 micrograms, which was probably enough, literally, to kill an elephant. He was "high" for five days. But generally, people are pretty much satisfied with a standard high dose. The tolerance really works if you take LSD more than once a week; and literally then, you need much, much more to get the same effect. And I know people who took 1,000 micrograms a day; and then that didn't work because the body built up a tolerance; so they had a big sort of punch bowl of LSD, and everytime they'd walk by they'd take a lick, you know, a toothpick stick it in. This is where you get a real tolerance effect and probably more rapid damage than of any other kind; but usually if you wait a week or two weeks, the effect is essentially similar.

Frank: I'd like to add one comment on this genetic damage question, that apparently there are a number of therapeutic agents that produce a genetic picture of, at least morphological change in genes which is identical to that of LSD, that we've been using for some years with apparently no ill effects. I say this not so much to discount the whole question, but rather to put it in some perspective. That the outcry, you see, is somewhat related to the promise. We don't have any way of rotting brains anymore since we discovered masturbation doesn't do it.

Q. I'd like to ask the panel in general: Is there any estimation—there have been reports of the use of LSD in terminal cancer—people who are in great pain with small doses of demerol and $30-$35 of pain-relief for the individual where he was unable to obtain relief prior to that—as to what amount of this is a psychological effect?

Frank: I do know that it has been used in terminal cases, primarily for the psychological pain, and apparently very successfully on some occasions, at least. It's also been used, quite successfully, with alcoholics—I believe around 30% recovery—of course, I'm not sure, once you talk of cure. There is a gentleman up in Saskatchewan somewhere who is using it for everything from falling hair to ingrown toenails with remarkable results, as far as I know. Where you want to draw the line depends on how enthusiastic you are, I suspect. We still don't know enough about it, medically, to know what indications or counter-indications there are and how to use it.

Cohen: In terminal cases, it seemed to work as a pain killer as a person would lose their association with their body. Somebody would ask them, "Does it hurt?" "Well, the body hurts but I'm not over there." About this ingrown toenail case. There is a guy at Stanford who's doing alcoholism studies with LSD, fantastic recovery rate also; except that, it's just as effective if he uses a high dose of benzedrine, which are clearly not the same drug. He contended that it was the pitch that did it; and I have a story that I think outlines how this could be true: Back in Harvard when I was still in the drug scene, we were doing some research at a laboratory. I brought in this cigarette and I told my buddy who was working with me, an old time "pot" head—smoked marijuana for a long time, I said, "Man, I have got something that you won't believe. You've got to smoke it right away." I took him into an unoccupied office and I told him, "Makes Acapulco Gold smoke like nothing." So, he smoked it; and he didn't get halfway through when he really got stoned out of his mind. He even started hallucinating, which under pot is quite rare. He was congratulating me; he was weaving around—and this was no neophyte, this kid had been a real head—and I was just enjoying this sight no end. The thing that I forgot to mention was my practical joke,—he was smoking Lipton tea. I think there's a lesson there.

Healey: I might mention that this Dr. Edwards that I referred to in our territory in Sheridan, Wyoming, who was using LSD in the treatment of alcoholics and who discontinued it following information that there may be damage to the chromosomes, advised me that in the short time that he had been treating the alcoholics, he found that those who were not getting the LSD were responding more so than those who were using the LSD. Admittedly, he has been in the research only a brief time and his work is not complete.

Q. Can you relate briefly the account of the laboratory that was confiscated in Southern Colorado?

Healey: Well, Frank, I'd rather keep out of that because it's in the courts now, and it's a matter of evidence and those questions should come through the U. S. Attorney as a matter of policy. I apologize for not being able to go into it, Frank.

Frank: Let me tell a story related to that. Again, I picked this up off the grapevine. There was a lot of trouble with these various bootleg laboratories turning out LSD, because you never knew what you were getting, what the dosage was, what the purity was, and so forth. There was a meeting of the hippie manufacturers, the underground manufacturers, that did indeed standardize, not on the capsule but on the present pill; that in addition there was an attempt in Colorado, so the story went, to corner the supply market for the express purpose of keeping it out of the hands of the teeny-boppers who were misusing it. Which I tell mostly because of the implications that this kind of story seems to raise, at least in my mind, of the perhaps misguided but nonetheless responsible attitudes involved at one level because of the lack of purity, dosage control, that there was a need to standardize so the people would not get into trouble and in addition to keep it out of the hands of the teeny-boppers because they're going to queer the deal if they started getting picked up, you see.

Healey: I'm glad you mentioned that point about purity, doctor. I had forgotten to, and I think it's a very salient point. We can discuss at great length the consequences of taking LSD, but the big question is: Where are you getting the LSD? And the answer is: You're getting it from the black market. It's a black market drug, and you don't know what you are getting. We are in the business of buying in order to develop the seller and take him off the street. Some of this is just plain sugar. This fellow's out for a fast buck—this seller. You don't know what you're getting. Some of it has been less than 25 micrograms, and I have been told that under 25 micrograms there's not going to be any reaction at all. Some of it has been as much as 1,000 micrograms in one capsule, and this could probably be dangerous. I'd rather have Dr. Cohen comment on that, on the initial user taking 1,000 micrograms. Again, in what I have read anything over 75 micrograms may produce an adverse reaction. But the big point is here, that you don't know what you are getting you don't know the purity of it; and you don't know the dosage of it when you're getting it from the black market; and that's the only place you can get it. I go along with Dr. Cohen that the proper way to do this is to become a guinea pig for the investigator who's doing research with it, and then you will get the proper dosage and the clinical conditions with a sitter there.

Q. I've heard or read that marijuana is, by some people, no longer considered to be a narcotic; and I wondered if this was true?

Cohen: This is an interesting point. I'm going to go out on a limb. No, marijuana is not a narcotic in the ordinary chemical sense. And a lot of people have started talking about how harmless marijuana is, and it's become very popular now to say that there is no evidence that marijuana is harmful physically or particularly emotionally, that it's probably better for you than alcohol in some circumstances. Persons, rightly, I think, are criticizing the severity of the laws, which probably don't help the whole situation; but I can't sit back and go along with everybody saying, "Well, O.K., LSD is bad, but marijuana—everybody knows pot is good for you, and the tobacco and liquor industry is in a cartelment." In the first place, I don't think legalization of marijuana would hurt liquor sales very much at all. The kind of people who drink are not the kind of people who are interested in marijuana. It is a generalization, and there are obvious exceptions, but I've found the personality pattern is much different. Having been somewhat acquainted with pot on different kinds of levels, and having a lot of friends who have: (1) We used to say there was absolutely no evidence that LSD is physically damaging at all. There's no evidence that even hints that; and we were quite correct, because there hadn't been any penetrating research. But there was no evidence that it wasn't harmful either. Today, I find a greater lack of research on the physiological and psychological effects of pot— primarily (and unfortunately) because the legal category of narcotics has been so restricted that researchers must go through fantastic red tape to get it. One hears that pot is just a nice, friendly tranquilizer that makes you hear music better etc. I don't buy it. It isn't as dramatic as LSD, but it certainly gets you into the same value system, the same passivity, and certainly a high dependence factor in persons who are not getting satisfaction fulfillment from their lives, particularly. You hear kids saying, "Well, it's a morale booster, it's nice—feels good." What they are really saying is, "I can't take it when I'm not high." Or, "I don't like it as much." You get the syndrome—believe it or not—of college dropouts associated with the use of pot. This seems unlikely, since it's supposed to be such a nice drug. I used to say six months ago that there's never been a case of severe emotional damage because of marijuana. Well, I must honestly say that I have to retract that previous opinion. I've seen, in the last two months, six kids who are showing severe emotional problems as a direct result of a bad trip on "grass." Furthermore, in a recent survey in Haight Ashbury of 100 acid heads—average "trip" number of 20, average number of "joints" (marijuana cigarettes) smoked per week, 7.6—they were more afraid of psychological imbalance from the use of marijuana than LSD, which just surprised me no end. Perhaps one of the reasons being that it's very easy to justify a great amount of use of marijuana because a person feels there's nothing wrong with it, that the laws are clearly invalid, that there's no evidence that it's harmful, that a lot of people in pretty high places they know smoke pot. In Berkeley, a ton and a half of pot is sold every week in the East Bay, and a lot of people are doing it; so, there isn't really compelling reason not to "turn on" as much as you want (consistent with avoiding arrest). I find, in one sense, that kids are much more sophisticated about the effects of alcohol than they are about marijuana. I'm saying that I've seen at least six reactions, direct results of "bad trips" on marijuana; that doesn't confirm that the old image of: "Ah, this evil drug will warp the minds of our young people!" It's mild; it's a mild drug compared with LSD, but by no means is it a nothing drug; and in, particularly kids, who have psychological imbalances to start with, it can really set off something; and there are flashbacks on pot, too. I've seen a couple of kids coming in saying, "Look, I smoked 'pot' Friday night, and I'm still 'high' and it's a week later. What do I do? I don't like it." I had students come in, obviously on LSD, who got up to speak in a classroom, and they couldn't talk—this is two months afterwards—they started hallucinating about the teacher and they had to drop out of school. So I think, in sum, the legal situation on marijuana is very unfortunate—it's misclassified and miscategorized. I certainly would think it would be much more appropriate in dangerous drug categories than in a thing that can get you ten years for selling; because I think the kids see the hypocrisy; they know it isn't that bad; and thus, they make the opposite assumption, and are actually encouraged to do it. So I agree with the reclassification of marijuana; but I don't think that it's our next social drug and should be welcomed with open arms.

Q. Do you think, in your experiences with this on various campuses—the student went on the trip for a prolonged duration, they have had the trip, will continue in class, do fairly well in class work, get that term paper in, academic achievement in pretty good shape? Or is this something that is subrosa; it's done on Friday night, and you're back in class Monday morning? I've only done this with a graduate boy in a class once, severely hung-over, he was still in a state of being "hung," and I thought he did very well in class. I probably don't know, but I was just wondering.

Frank: I think it depends on which group you're dealing with who tries this, because the psychedelic community boys won't do it; they know it interferes. There is a group that deals, it's rather sporting, you know, to go to class "turned on." The class is pretty dull, anyway, and you might as well have something you can get some fun out of. I think you get them both, but I don't know how well they function. Certainly there were a lot of them having a wonderful time at a panel discussion a couple of years ago on drugs—having a little "pot" party in the back of the room all by themselves. This was when the major drawbacks to the use of these hallucinogens was stated to be the danger that anyone who had taken them would talk you to death.

Quinlan: I think we'll leave it on that note and reconvene at 1:30 this afternoon. I believe that our resource people will be around if you still have further questions, I would guess they'd be very happy to talk with you.

Friday, July 21, 1967 1:30 p.m. session

Eugene D. Koplitz, Ph.D., Professor of Psychology
Colorado State College, Greeley, Colorado

"A HUMANISTIC VIEW OF PERSONNEL WORK"

Thank you, Claire. I might say at the outset that my topic for discussion this afternoon is really quite mild and normal, almost mundane in comparison to the 10:30 session I witnessed this morning which dealt with drugs and their effect on the human personality. However, I shall try to be inspiring and give you my views regarding the humanistic approach to personnel work.

A position that has long dominated the thinking of a large number of educators and psychologists is that of the behaviorist—the behaviorist who sees man as a machine. This position is being challenged by a number of distinguished authors who see man as more than a machine; to them, man is above all, meaningful and human. This is an outgrowth of a humanistic movement which has been rapidly gaining momentum over the past 10 years. This particular point of view regarding psychology and the study of man was first discussed in a book of readings by Severin published in 1965 by McGraw-Hill. The book is entitled Humanistic View Points in Psychology and is a collection of position papers, essays, and research findings. The second book in the field—Challenges of Humanistic Psychology by Bugental, was published just this June, 1967, by McGraw-Hill. This book is really the first major delineation of methodology research findings and substantive products of a humanistic orientation to psychology and includes articles written specifically for this volume by such persons as Rogers, Maslow, Buhler, Wilson and others.

What is meant by humanistic psychology? According to the articles of the American Association for Humanistic Psychology, its role is defined as follows:

> "Humanistic psychology is primarily an orientation toward the whole of psychology rather than a distinct area or school. It stands for the respect for the worth of persons, respect for the differences of approach, open-mindedness as to acceptable methods, and interest in the exploration of new aspects of human behavior. And as a 'third force' in contemporary psychology, it is concerned with topics having little place in the existing theories and systems that we've known in the past e.g.: love, creativity, self growth, basic-need-gratification, self-actualization, higher values, being, becoming, spontaneity, play, humor, affection, naturalness, warmth, objectivity."

All of these particular ideas are expressed in the writings of such persons as: Eric Fromm, Karen Horney, Maslow, Carl Rogers, Wertheimer; in certain writings of Young, Adler; and the psychoanalytic ego-psychologist; existential and phenomenological psychologist. Putting it in another way in terms of Joseph Wood Krutch, he states that, "The humanist is anyone who rejects the attempts to describe and account for man wholly on the basis of physics, chemistry, and animal behavior. He is anyone who believes that will, reason, and purpose are real and significant; that value and justice are aspects of a reality called good and evil and rest upon some foundations other than custom." Or to sum it all up, that those human realities which sometimes seem to exist only in the human mind, are the perceptions rather than merely the creations of the mind. He is, in other words, anyone who says that there are more things in heaven and earth than are dreamed of in the positivist philosophy.

Now, in this particular setting I will now address myself to the topic at hand "A Humanistic View of Personnel Work." My task in this paper will be to relate the humanistic, psychological approach to student personnel work in higher education. To my knowledge, this has not been done yet, specifically either in writing or in formal practice, which is defined as such. I have organized my remarks around my observations of what presently and generally exists in personnel work in colleges and universities. The various roles and functions of personnel workers will be discussed and questions will be raised. Illustrations of a humanistic approach will be presented; and in the time allotted to me, it will be impossible to cover the entire water front of work involved in student personnel. I have, instead, taken the prerogative to address myself to certain selected topics and aspects of the total college personnel program. Historically, student personnel services were established in educational settings, because some leading educators felt that certain basic and acquired psychological and sociological needs of students could not be satisfied adequately through regular classroom instruction. The original intent of student personnel programs was to be something other than instructional in nature. Therefore, student personnel workers should not attempt to justify their existence on the false assumption of contributing specifically to formal instructional programs. Professionals in this area of work need to distinguish between instruction, learning, and experience and recognize that students have basic psychological and sociological needs. Probably any experience the student has may have learning possibilities, but to fail to distinguish the formal instructional program, the primary purpose for the college's existence, from the personnel services provided for students which may incidently provide learning experience, is to admit ignorance. Student personnel services are usually organized in a very systematic way to assist students in acquiring the knowledge and the insight necessary for adequate self-understanding and self-direction. Personnel services generally include these particular areas: selection, admission, and retention of students; orientation to college; student activities; housing and dining services; health services; financial aid; student government; religious services; placement services; foreign student services; student discipline; individual counseling; group counseling; and last, is research and evaluation of student personnel work. These services, if carried out appropriately, should help students in assuming increased responsibilities for their own choices and decisions and should aid each student in developing more fully in the areas of social, emotional, and personal growth. But is the challenge which is inherent in each of these services really being met by workers in student personnel? My observations would suggest they are not.

Let us consider for the next few minutes a few of the services provided by the student personnel departments. First, I will describe in general the situation as it exists in most colleges and universities throughout the country. Then questions will be raised regarding the observations. And finally, a humanistic approach to the particular service will be considered.

Consider first the service of selection, admission, and retention of students. This is a large part of the work delegated to people in student personnel. For a number of years selection, admission, and retention procedures used in colleges and universities has been one of my many interests in the field of student personnel. Observations indicate that two specific criteria are used almost universally in all institutions of higher education. They are grade point average and a score or scores on some standardized intelligence and/or aptitude or achievement test. This is the common standard, screening device. The only difference that exists is the size of the sieve. The scores needed to gain entrance into an institution are generally stated in the official college catalog; and in most cases the scores stated—I emphasize stated—require either average and/or above average on a particular test; and in some of the few so-called prestigious institutions, the highest scores are demanded. These criteria for selection and admission are nomothetic and are supposed to predict an individual's success to do college level work. But does this always happen? The University of Illinois selects high school graduates to participate in their honors program on the basis of test scores and academic performance while in high school. In the fall, great pride is taken in reporting that the University of Illinois has so many "James" scholars. In the spring, reports are also made that about 50% of these students have either failed or withdrawn from the program. Was the selection procedure a good one? It depends upon the intent of the initial procedure. On the one hand it can be stated that high level selection and administration standards are used. In the spring a report is made which suggests how tough the university courses really are. Is this good personnel practice?

What about the retention of students? Are not honors programs established to enrich the student's total college educational experience; or are some honors programs established to enhance the institution at the expense of the student? After several years of such selection procedures which result in high mortality, should not one seek new methods and new procedures? From a humanistic view the answer would be, "yes." Personnel workers should look critically and analytically at the present techniques he uses in this important task of deciding who will gain admission and who will succeed in the program offered to the student. And this business of retention needs to be given a good hard look.

Personnel workers it seems should work closely with faculty as well as students for purposes of facilitating communication and advancing the guidance and personnel point of view. I feel from a humanistic approach new methods and procedures must be developed and used to supplement and in many cases take the place of present admission and retention policies and procedures. It is my feeling that appropriate ideographic approaches must be refined and utilized. I am aware as enrollments continue to soar that to apply the suggestions I am about to make might pose a number of financial and administrative problems at first; but if personnel workers are to have more effective programs for coping with the problems of meeting the basic needs for the increasing number of college students, funds must be provided and administrative protocol worked out. It appears to me that one of the chief causes for student dissatisfaction and unrest rests in the impersonal, mechanistic treatment many of them experience while at college. My specific concern regarding these problems involves the development of persons who will consider teaching as a career and other related educational positions; such as, the school counselor, the school psychologist, the school administrator, the curriculum director, etc.

Thirty-six years ago, the organization I presently head, Student Personnel for Teacher Education, was created for the purpose of developing ways and means for the selection, admission, and retention of students interested in becoming teachers. It was conceived in the mind of a college president who still holds the distinction of being the youngest man in the United States ever to hold the office, President, of a college or university. An intellectual, creative, and forceful man; he developed one of the top schools of education. He also was the first president of SPATE. His name, Dr. George Willard Frasier, President of Colorado State College (1924-1947). The major activities of this group of frontier educators and teacher education was to initiate and develop a cooperative testing program among schools of education, then referred to as Teachers' Colleges. Committees were set up for the purpose of working toward the construction and the later standardization of objective measures of intelligence, achievement, and aptitude. Professional competency instruments were also developed, and most important, a system of personnel record keeping, published by McKnight and McKnight of Bloomington, Illinois; and during the first ten years of operation, the organization had stimulated over 100 institutions, collegiate institutions, to participate in its testing program and more than 352,000 scales and tests of all types had been distributed. Well, this was almost four decades ago. The instruments were somewhat crude, but workable. Today they have been somewhat refined, but the methods are still the same. Certain areas of human processes and qualities could be explored for purposes of developing new methods of understanding the whole person in a meaningful and human way. Such information could aid the student in acquiring the knowledge and the insight necessary for adequate self-understanding and self-direction in making his choices and his decisions. Let us develop and continue to refine instruments and techniques for getting at such dynamic factors which exist in a human life; such as, the self-actualizing process which we talk about so much, warmth, humor, play, responsibility, and such related concepts. These areas are really important qualities which are necessary for one's success in his personal life and in all areas of human endeavor. To concentrate our efforts in these areas for possible development of ways to identify these characteristics, should be important to the procedures for selection, admission, and retention of college students.

Another important area of work in which student personnel spend a great deal of time is the area of counseling-individual and group. Considering all the student personnel services offered in colleges and universities, individual counseling probably ranks the highest in importance among personnel workers when compared to all the other services. As far back as I can remember, practically everyone in guidance had accepted the assumption that individual counseling is the one indispensable part of any guidance and personnel program. Personnel workers generally agree that all other services are needed in attaining the goals of the program, but certainly individual counseling is the major core and substance of its entire program.

The group process has sometimes been ridiculed and rejected as comparable to group courtship, and I challenge the conventional concept of individual counseling as being the most important, indispensable part of the personnel service program. Consider this hypothesis. Intensive group experiences, not individual counseling, is the one indispensable part of the student personnel program in colleges and universities. The group process to which I am making reference is that which is recognized by such titles as T-group, the lab group, t—standing for a training laboratory in group dynamics. It has been called"sensitivity training"in human relationships. The experience has sometimes been called basic encounter group or workshop—a workshop in human relationships, in leadership, in counseling, in education, in research, in psychotherapy, and in dealing with drug addiction. I am much aware of the risk and the shortcomings of the group experience. I am also aware of the many ineffective sessions I have experienced in individual counseling situations. I feel the group experience deserves serious consideration not only from my point of view but from a scientific and philosophical point of view. I am keenly aware that much study and research is needed in this new approach to assisting students in self-understanding and self-direction, but if personnel workers want to become involved in some aspect of the humanistic movement, to become engaged and engage their students in group process procedures they will have attained one of the very important goals. Remember personnel services were instituted primarily by leading educators because they felt that certain basic needs of students could not be satisfied adequately through regular classroom instruction. Basic psychological and sociological needs might well be met through the group process. This type of group situation allows the participant to express his past feelings and negative feelings. It allows the participants to feel freely and express themselves freely and explore personally meaningful material. It has been observed that immediate interpersonal feelings in the group situation are expressed, and that a natural and spontaneous capacity develops for dealing in a helpful, facilitative and therapeutic fashion with the pain and the suffering of others. Through the encounter group process facades can be broken. The individual obtains feedback and feelings are expressed and can be accepted in a relationship and a great deal of closeness and positive feelings result. This approach, it seems to me, may help to bring about a renaissance or a rebirth of a humanizing society; in the midst of a society which is developing mechanistically and bent upon dehumanizing the individual and all human relationships. Test the hypothesis stated on a small scale, continue both individual counseling and group techniques, hold your judgment tentative until the evidence is in and then and only then can we say that individual counseling is the most appropriate procedure and is the heart and the center of all guidance and personnel work.

Next I would like to move into the field of research and evaluation of student personnel services. It has been my observation that the student personnel workers are really not fully aware of their lack of evidence for the claims made regarding effective worth to a student body. They must also, on the other hand, recognize their inability to assume total responsibility for all the experience and learning situations available to students. Student personnel workers must face this problem and begin to find evidence for the benefits they so often and loudly proclaim. A review of the journals will indicate a lack of good research to substantiate the programs presently being offered. Barry and Wolf, Robinson and Brown and others have stated a real concern on this account. If programs of personnel services are to be justified in terms of meeting basic needs that cannot be provided in the instructional program and which take a sizeable chunk of the college's budget, then I feel information should be given the institution's chief administrators as evidence for justifying the particular program of services. Because there is so little research reported to date to evaluate in most of the areas of student personnel programs with exception of counseling services, conclusions have been drawn regarding this issue by LeRoy Olson in a manuscript which is presently at press and will be released in book form about January 1, 1968 by William C. Brown Publishing House. I selected some of his conclusions and incorporated into them my own to illustrate this point. His conclusions would probably be more extensive and central if more research was available to evaluate. Here is one of the particular conclusions. There is a lack of agreement concerning the various student personnel services and their purposes, and this leads to considerable confusion and difficulty when trying to evaluate the outcomes.

Secondly, composited criteria, although still crude measures, are preferred over single criterion approaches.

The third point. All available methods of evaluations have weaknesses. We must be aware of this when we put our procedures into practice.

Another point. Group processes appear to be as effective as individual approaches in many instances.

Another conclusion. It has not been effectively shown that student personnel services contribute to improved student achievement, to student responsibility, or student independence. Olson states that differences in theoretical viewpoints have much less effect on outcomes than the personalities of the individual student personnel workers. I would prefer to suggest in refutation to this, even though I sort of believe this, let's try humanistic approaches; set up some very rigorous experimental controlled situations to find out if this approach, this theoretical approach might be the one which will be our salvation.

The other is a conclusion that there is need for more longitudinal studies. I have harped on that in my classes these many years. Follow up! Follow up! This is the only way we can determine whether or not you're going to be effective workers in your so-called profession.

Another point. Many of the student personnel administrators and workers are not engaged in research and have not published a research based article of any kind within the last five years. There's abundance of critics and self-styled experts in student personnel work, but there is a serious shortage of active research people among those in student personnel work. Many of the student personnel administrators and workers are not engaged in research, and in general, student personnel specialists have not been primarily recipients of grants sponsored by various foundations or funding agencies. The primary reason that research should be a basic part of student personnel services is that it provides a method by which these services can be evaluated and improved. The various methods of research and evaluation of student personnel services should be the same for small and large colleges, for two and four-year colleges, and very important, for graduate schools (very little personnel work in the area of graduate education). Three-year and four-year colleges need to do more serious thinking about research methods used in evaluation of their student personnel services and follow their thinking with actual research. My suggestion is to consider developing new methods founded on a humanistic frame of records, and I might talk about that a little later.

To summarize, I have defined and discussed briefly humanistic psychology and how this particular approach to understanding man can be applied to the services provided by student personnel workers. Because of the limited amount of time to present this particular point of view, I confined my comments to three areas which I felt were the major areas of student personnel work, namely: selection, admission, and retention; counseling—individual and group; and finally research and evaluation in student personnel. I have organized my remarks around my observations of what I see presently and generally existing in personnel work in colleges and universities. Selected roles and functions were discussed and questions raised. Illustrations of a humanistic approach were presented. I do however wish to conclude by saying the ideas expressed here today are to be held tentative. Hypotheses should be stated and are to be tested by the most rigorous research methods. I also hope I have made it clear that this area needs an enormous amount of deeply perceptive study.

Q. Yes, two observations, perhaps. Maybe a dichotomy should be made between private and public institutions. It is my experience that the criterion used for admissions for private schools, at least, is not based upon simply Verbal or Math scores on the SAT and high school rank, but is upon several other rather important criteria such as counselor's statements, interviews when possible, certain kinds of courses taken for certain programs of admission, and certain trends that appear in the last or perhaps the last two years. I don't know of any private institution that simply uses the two criteria mentioned. And secondly, I wonder if it is your experience, because it certainly isn't mine, that the admissions officers are under student personnel services? I wonder if the real role of admitting students to the university should be under the domain of the individual college deans, and excuse my bias here, in conjunction with an admissions director of admissions officer rather than to the domain of student personnel?

Koplitz: I will react to both of your concerns. It is true that in certain private small liberal arts colleges who have an attendance of 800 to 1500 other methodologies are used. But if we did a survey we would find on the average, on the whole, all things being considered equal, that the largest number especially in our large state universities and state colleges and also in the state university systems, admission officers look primarily at scores that are received on a little gummed label which are posted on his application materials. Admission officers might in certain institutions be under the head of a particular dean, but still it's a type of personnel service. Maybe the function is not designated to a department of student personnel as such; but you are carrying out the function and a role of a personnel worker. You see I didn't use the word department once in the presentation. I implied certain things. And you could infer about any thing from my implication, but I was referring to the personnel worker in the broad sense.

Q. I have problems without attempting to be critical in any way. I would like to ask how you would justify the position that there has to be a great deal more time spent on research by the student personnel workers? And that one problem, that we apparently are facing; and I suppose we don't have research on it to see if this is really true; but we apparently are facing the problem in the challenge of youth that there is too much time spent in research in the "ivory towers" and not enough time spent with them, either as a professor, or as a counselor. This is the one thing we have been trying to get away from, I suppose, in student personnel work; and so we've devoted ourselves very diligently, for a couple of years at least, in trying to prevent a reoccurrence of—pardon the expression—"Berkeley" all over the country because we were all involved with the ivory tower research. I would just like to get a little justification on those two points.

Koplitz: Yes, I can react to that. The situation that I was discussing did not suggest the concept of an "either/or" kind of a situation. The importance of research over teaching exists on most university campuses. Research is pushed. The orientation is: publish or perish—and little time is spent with students. What I am suggesting is that both should be provided for, that research is necessary for our justification of going into these particular areas of work. We can have a feeling that it is important, but I feel we ought to have more evidence to document, and justify our existence.

Q. I have a very few questions that I would like to raise for you to kick around, and these are concerned with applications, sort of. Now, if we take a humanistic approach—I am merely raising questions here—if we take a humanistic approach, we're dealing then with a number of variables that are a little bit hard to measure. We are also saying that we're doing a pretty poor job of measuring even the more measurable variables. How do we measure these? I want to raise three or four at once if I may. Another one is: This one is concerned with putting this into effect, and this is a problem I imagine personnel people would have. Supposing you get the student selected, you see; and you don't...(if you do a good job of selecting there really ought not to be too much need for drop-outs unless we are not doing an effective job in teaching—I think you'd go along with this.) Now if this is the case, though, now do you go about working with teachers and instructors (and this is one of the jobs personnel would have then) so that they also get the idea that you don't necessarily flunk out people—a certain percentage you see—on the basis of comparative data or grading on the curve and so on. So that these are a bit inconsistent. And then one other which you hinted at, I think, and this is: In adopting a humanistic approach, have personnel services—I think you took care of this earlier—have personnel services taken on many functions which would make it difficult for them themselves to apply humanistic values to helping students?

Koplitz: The first question dealt with how can we evaluate the factors important to the understanding of the whole person. I really don't have a discrete answer for this; but I stated in the presentation that fifty years ago we started out with few scientific procedures. We developed during this time a big monster the bell-shape-curve known as a nomothetic approach to learning something about people. What I am suggesting today is that we become like the frontier educators of the George Frasier era. We need to go back to 1905 and Binets developments and re-think and re-do his work and come up with methods and techniques of greater depth which might be very different from that which we have been involved with all these years. It is possible that he could get a picture which is a more complete picture of the human being. This is our challenge. And this is the reason for research and some time off to think about what we're doing. We in personnel are doers; we're doing; we're doing; we're doing. And we don't have enough time to sit down and reflect; and to have the experience of reflection. To reflect is a tremendous experience and you can learn a great deal from it.

The second question: If the selections are good, then we'll have few drop-outs. I think this is true. I think in your situation maybe your college does not have the great number of drop-outs as they do in a Big-Ten university, where the mortality rate is about 50% of a freshman class. Maybe you have gone out and found persons who fit your particular program, and you've looked at these ideographic qualities of the human being which fit your program; and therefore, they succeed and don't drop out. Harvard has a very small dropout rate. Out of 1250 freshmen admitted to a class, 1200 will graduate at the end of the time. Selection procedures are carefully carried out. They seek persons who fit their program experiences.

The third question: should we be working with teachers and attempt to help them to facilitate the self actualizing process of the person? I think this is one of the opportunities for personnel workers. I think you people have to get out not only with students, but, if you've got something to sell if you've got a point of view which you believe very sincerely in, you'd better start having coffee with the profs in the academic area and have some talks with them. This is time well spent—maybe from 9:30 to 10:30 each morning; maybe from 5:30 in the evening till 7:00.

Q. One other aspect I was asking about is: If group process, key groups, and so on, is the good solution for bringing about change, I think this probably would be useful to apply this; for example, apply it to the teachers and to the administration itself. The crux is how do you get them into the key group?

Koplitz: Instead of having faculty meetings, where you sit around and you have coffee, why don't we do something productive at that time? Get into a confrontation on some of the issues in small groups instead of always having the formalized structure that we are going to have a faculty meeting, where we hear announcements. Why not get personnel people working with teachers where we explore problems with them.

COMMENT: I would like to react to one of the reactions—the gentleman from Alamosa. I think we would agree that the charge of the "ivory towerism" has primarily to do with research concerning "knowledge in education" or the "knowledge of education" primarily. I think that there has been a very marked deficiency in all areas of research regarding educational practice. This is an area with which we are primarily concerned in pupil personnel services or student personnel services; and that we are not retiring from previous research or extensive research, that we have never initiated any. What little research has been done, we are notably famous for having ignored. This is a charge which is consistently leveled against, not just pupil personnel services but all areas of practice in education, that we run far behind what we even know, and we know precious little. It seems to me that it's time for us to stop the business of poor mouthing concerning time and attempt to get something done.

COMMENT: You know I think we need research, there is no question about that; but I would guess that the key thing that I see lacking among student personnel workers as a whole, as among the rest of humanity, is the kind of thing that we have been talking about here; and that is a real concern for students as human beings, in caring. If we would somehow develop this first, and then if we could have a control group and test between the two, you know, the difference between the personnel people who really cared, and the difference it makes in the lives of students as compared with those who make no research from "here-to-kingdom-come" and their effectiveness with students—I think we would be getting closer to the point that we are trying to work on.

Koplitz: This is the substance of the humanistic approach; and we could do this, if our student personnel departments could conduct T-group sessions, for example; it could affect all of society. If we all could have good, warm, interpersonal relationships with one another — and are truly understanding, and are able to sense, and be empathetic with people, then our jobs would be much easier. Our goal that was originally set for student personnel services would be attained, because the major goal is to assist students in self-understanding and self-acceptance.

QUESTION: One other comment. What I get, Dr. Koplitz, is that you really are saying: "Let's go back to some of the original assumptions and purposes of student personnel work and see what we can do about it then."

Koplitz: That's right. We get so caught up in the "doing" activity, like keeping records, and we do so many things that are clerical in nature. We run around organizing clubs which we think are awfully important, and we haven't even stopped to ask the basic fundamental question, "Is it supplying the real needs of these particular kids?" We assume that all these activities are important to them and their self-development.

QUESTION: This is a question about the humanistic viewpoint. I followed this development myself because it seemed very interesting to me. Do you really see this as anything new compared to the controversy that has raged for a number of years between behaviorists or the "clinical psychologist versus the experimentalist." I seem to hear the same kind of messages with a few different kinds of words. Is there anything really new?

Koplitz: I'm beginning to come to the conclusion that nothing is really new. It's just another way of looking at life and phenomena and understanding it in depth. I think we're so surface, so many of us. And I find myself even being that way, because I get hung-up in the "doing" activities. At the end of the day I ask myself, "What did I really accomplish today?" Did I help influence or help a person to understand himself today; influence him in anyway; help him to become a better person? These are questions we should ask ourselves frequently. Time is up-----

Friday, July 21, 1967 3:00 p.m. session

Panel:

Gerald E. Puls
Richard Alley
Roy Shore
James M. Mueller

"LOVE—COLLEGE STYLE: SEX, PREGNANCY, ABORTION, V.D."

Puls: My preparation was limited to my lunch hour today. I am a family doctor at heart, have been for many years. I have been in the college health service about a year and a half and find it very enjoyable. I am beginning to understand some of the problems that you folks work with. I came to the meeting last year and I understood very little of what happened. Since I know very little about the subject assigned I will make my comments brief.

I would like to begin with an understanding, in fact I will state, that we cannot possibly understand sexuality in our college world by sterile scholasticism or Aristotelian logic. We can only learn about our college student by doing something for and with them. I think that tolerance and liberality are essential and in this field they certainly do not exist. In working for and with these kids over the past year, I am amazed at how superficial my understanding was and is. I am even more amazed at how little people who write about them apparently understand. I think many of the conclusions are based on emotionally biased opinions; but when I sit day after day listening to twenty or thirty of these kids everyday in the office behind the closed door, it seems to me that if you listen to their words it's much like Bacon said, "If you cut their words, they bleed," they are so alive and close to the reality of their condition.

Now, what about our health service? What are the facts at CSU as I see them? Well, as far as the young ladies are concerned, in my office I see few virgins among the group I have occasion to examine, interview and work with. The thing that impresses me and has impressed me since I left general practice is that—and it's rather amazing—these girls and boys do not seem to lose self-esteem. They talk freely about their sexual relations, and the regularity of them. I've seen very few youngsters with debased self-images. Now, what about the real question: "Does early freedom in the direct use of sexuality make man freer as a person or as a guarantor of the freedom of others?" I don't know.

We're surely not seeing sex orgies at CSU in Fort Collins. The kids I see have control; and I don't think it's based on fear, because either they don't have fear or they're taking pills or other measures to avoid pregnancy; and of course, I'm talking about the girls here. But rather, I believe their control is based on the concept of human relations that emphasizes human worth, self-respect, and human dignity. I'm sure that chastity has been replaced by fidelity. These young people that are in love, or maybe they're merely infatuated—think that they're in love—are apparently able to freely pledge their loyalty to each other in spite of almost inevitable disruption of the love match in a limited period of time. I think it's the quality of the fidelity that's of the essence here. The thing that impresses me is that this loyalty does seem to protect them from their conscience. One young lady, of middle class extraction, was in the office talking freely about her relations and how it got started—I forgot what she came in for. The affair started with an infatuation, and then out on a date they "fell in love." When they came home there occurred that great condensed type of communication where nothing was said, but they looked each other in the eye and started unbuttoning each others shirts and crawled into bed.

Now, many would agree that the very nature of history is about to change, but I think the very nature of man is changing. I think that we have to understand the nature of man, or we'll miss the whole show. Most people are generally agreed that the nature of man is sexual, aggressive, acquisitive, and characterized by an exploratory curiosity. But I'd like to add, I believe that human nature has further evolved to include the characteristic of loyalty. It seems a shame to me that, myself, as an adult can't provide the inspired, constructive content for that loyalty. Now I don't want to discuss the dialectics of evolution; but I feel that we're not witnessing a revolution in sex or the conscience—I think this is an evolutionary change. I think we're seeing the supersession of the conscience in the young people by some other mechanism that's less cruel and irrational. Moreover since true adaptation of these young people to life is maintained by loyal rebels, I think we need to protect these kids, not only from their enemies but from their self-righteous friends. I don't think we need to usher into the world a new conscience, because I think it's here. We must, however, use all our resources of memory, imagination, reason and inherent strength (and I feel that inherent strength in human beings is sexual and nothing more) to enhance man in his developmental time and to improve the human condition. This has only touched on the subject, but these are my thoughts.

Alley: I'm not sure I agree 100% with everything Dr. Puls said; but I'm really quite surprised that I agree with as much of what he says as I do, because we never agree. He's sort of subdued me a bit, but I think that there are two aspects to this problem, so here we go.

I'd like to talk a moment about the topic of this panel. I quote "Love—College Style: Sex, Pregnancy, Abortion, and V.D." That is without a doubt the most misleading, nauseating title that I have ever seen attributed to any student in college; I find it highly objectionable; and I hope to hell my students never know I participated in a panel underneath that title. We tend to forget that when we're talking about these various and sundry entities, we're talking about the problem student. We're talking about the student who has the problems. I'm quite sure most of you can tell us how much V.D. you had on campus, how many pregnancies you had on campus out of wedlock; but how many of you can tell me how many successful, satisfactory marriages evolved out of your campus last year? I think perhaps we contribute to the problems of the entire campus by our utter preoccupation with the ill; and I get awfully tired of it and so do the kids. I'm sorry I cannot bring myself (is Dr. Farrell here?) to call them children.

I would also like to make a little comment here in regards to an observation. Ted, this is a magnificent program, but there's dirty work afoot. The psychiatrists talk about community and campus resources, the psychologists talk about value scales and this that and the other thing, and they talk about drugs. You know, there isn't a psychiatrist up here or a psychologist. Here are these poor, hard working, run of the mill doctors (pardon me, gentlemen), speaking of the health service end of this thing now—what do we get? Sex! So you might as well turn off the recorder, cause here we go again. It's sex time; no meeting of any group like this would ever be successful unless we talked about sex. You're darn right we have sex. We will always have it, and I don't think there is too much question that there are some real tragedies evolving from it.

When I saw that we had Dr. Shore here and even had the word "Abortion Bill" mentioned, I almost had a heart attack; because I can see absolutely no pertinence between the Abortion Bill and the college health service. I don't think there is any relationship to amount to anything. Sure as heck isn't with our health service. The kids that have gotten abortions before went out and got them; and those people do not qualify under the new law; and they'll still go out and get them. But don't forget—who gets the most abortions? According to the statistics, God help us, it's the middle class suburban housewife. She's also—and I assume that there has to be two-to-tango, (she and her male counterpart) are also the ones who are spreading joy and gladness, you know the trick-or-treat kind of thing, around the suburbs. Now, how do our kids look upon this? Our kids are not at all unaware of what's going on in the outside world, so what is this big hullabaloo? I'm rather curious. We didn't make the Denver Post with our G. C. this year as a little institution a little south and east of us that did, and yet we're up here talking about V.D. I can tell you that out of a campus of 12,701 students we had 15 cases of gonorrhea last year, we had no cases of syphilis, and we had 15 pregnancies. Now, let's just assume, as a matter of fact, that we will double these figures to assume that we are not seeing most of these people. I disagree; I think we are, (because we don' get very upset about it). This is less than one-tenth of one percent of our student body. And, therefore, that makes this "love college style?" I'm afraid I can't buy that.

I find that the majority of our kids are responsible, earnest, young people attempting—sometimes with difficulty—to find their way in a world which is at times a bit on the confused side; but, what the hell, it's always been confused, and it always will be. Let's face it. What's been going on in past years? Well, we didn't have as many kids going to college forty years ago. Now we have a large percentage of this population in an institutional setting, where they meet together socially and academically about six hours a day or so and another eight hours in purely social settings, and all the time in this fish bowl, to which reference was made yesterday or earlier this morning, where they are under more or less constant surveillance. Nobody, of course, is looking right over their shoulder; but you better believe they are too, and the kids feel this way. We're seeing what we did not see and indeed what we might have been trying not to look at forty years ago. I think we're making a lot of to-do about a lot of things. I'd like to just paraphrase a comment made to me once upon a time by a judge I met:

> "There ain't anymore messing around goin' on now than there used to be, just a different crowd doin' it."

Shore: Well, I'll have to echo his remarks. I can't agree completely. I've never found anybody that I could agree with completely. I'm fascinated by 15 pregnancies and 15 V.D. cases; I'm sure I see that myself, and we have a large medical society here. Obviously CSU is much more moral, perhaps according to your criteria.

Alley: Would you say educated?

Shore: I think there is undoubtedly an entirely different viewpoint towards sexuality in our present society and particularly in our present young people than there once was. I think it's largely verbal, frankly. I don't think it's anywhere near as active as most people seem to believe. I think that what is now said between a boy and his girl or in a social situation in mixed company used to be said in a segregated situation or in the boys' dorm or some such thing. In actual activity I suspect again that there really isn't too much difference in what was done. I think perhaps the one differentiation that I would make is between engaged couples. I suspect that there's a lot more intercourse there than there once was. I see a large number of kids with sexual problems, but very frankly the ones I see with sexual problems are almost always married. The ones that aren't married either don't tell you about it, (and I don't believe anybody can give me any good statistics) because I don't think anyone tells the truth about this. I find it hard to believe that a modern day college girl would admit that she was a virgin; just a modern day parent wouldn't have admitted that she was not a virgin. I think this is a matter of status—not necessarily representing the true situation.

I think from the standpoint of pregnancies there are many, many methods available—and every junior high school student knows it—to avoid getting pregnant; and so when someone does get pregnant, one wonders why. I see many people who are taking the pill in their relationship with their boyfriend. This is another interesting aside. It used to be the boy's responsibility to avoid pregnancy and now it's the girl's. A goodly number are taking the pill, and those who do not take the pill have an interesting moral viewpoint for not doing so. You see, if it's spontaneous, even if it's spontaneous every night, then it's moral. But if you take the pill, then it's premeditated, and it's not moral. Again this is perhaps not an overwhelming viewpoint but I see it fairly often. I'm interested in the number of students who get pregnant knowing full well that they have been doing this rather in the hope of getting pregnant. They'll never admit this, but they really aren't too unhappy, because now they'll have to get married; and Johnnie won't run around with whoever he was running around with. So whatever their reason is, probably I would say, at least 50% of the out of wedlock pregnancies are planned on one side of the other.

When it comes to abortion, I don't see any people who want abortions. I think that's probably secondary to the fact that I have been impressed in the public press in our town as being somebody who doesn't particularly approve of them. Other physicians see a lot of them, I am sure. Again this is a situation in which we see what we're looking for. I think that if everyone who comes into you, you ask whether or not they have dandruff, you'll find a lot more people have dandruff than you ever suspected. I think this is true also of sexual problems. I doubt if there is a person in this audience who doesn't have sexual problems; and I think if it were probed into that everyone of us would feel that we had sexual problems; and I think, therefore, the people who look for them see them. I think this is a good thing. I think it's appalling that many physicians—I was discussing this topic with one of my fellow physicians, and I said it was interesting to me how many people had sexual problems and so forth, and he was really somewhat astounded. He said, "Why, I haven't seen anybody in over a year that had any sexual problems." Well, he has a startling clientele. I think that probably takes care of what I have to say.

I am fascinated as I say with the title. It's hard to imagine anything less attractive to talk about than "Sex, Pregnancy, V.D. and Abortion." I would say one word about venereal disease. Again, I think that college health services see very little venereal disease, because the students go to private physicians for venereal disease. They're not convinced of the confidentiality of student health service records, no matter what we think. And I think they're right. When they go to the private physician, this is not reported to the public health service in most areas; and the organization that fights very hard to have it reported, then gets their county labeled as the V.D. center of the state or whatever it may be; and so you quickly get out of the habit of reporting these things. I don't believe that venereal disease in a college setting is really a significant problem. In the high school setting, it's a very serious problem; but I don't think it's any greater in the college setting than it ever was before.

Mueller: Well, actually I have very, very little in the way of a prepared opening statement. I would hope that we would kind of break this down into some spontaneous questions and similar type of answer. But I think taking a look at this title, I don't think this is really a specific problem that is related to colleges. I think we can go into even the grade schools on rare occasions and we can go into the high schools with a higher percentage certainly being at a college level. I am very definitely in disagreement with everybody else, but I think that statistics will show that rates for pregnancy are up. I think rates for illegitimacy are up in view of the fact that pregnancy rate per se is down. Now what this means is that the number of pregnancies per 1,000 population is down; whereas, normally it would be perhaps in the neighborhood of 25 or 26 per thousand, now we're getting down into the category of 18 or 19 per thousand; whereas a corresponding increase has occurred in the illegitimate pregnancies.

So I think this is a problem; and in contrast to the second speaker, Dr. Alley, I don't think we have to be exclusively preoccupied with the ills of this age group, but somebody does. I think there are very definite problems with the girl in college or in high school who is pregnant out of wedlock and there are very definite trails that lead off from this topic and this situation. First of all these people can get married and everybody talks about the problems associated with abortion and interrupting a pregnancy. What about the poor girl and what about the guilt feelings that she has? Well, my heavens, think about a person who is pushed into a marriage either rightly or wrongly, either with or without the consent of her parents; and the thoughts that occur after the child is born and after this couple has been married for several years. Was this the right thing? Was this the wrong thing? Should I go ahead and stick it out, or should I go ahead and get a divorce?

Lots of the girls that I've seen—I think I see more than most in town, merely because the health service kind of directs these to me; and I spend all my time with girls. This is my job. I love it; this is how I make my living. But another way that these girls can go, they can go into an adoption agency. They can go ahead and put this child up for an adoption process. And here again, more and more different agencies are letting the mother see the child. The mother knows if it's got blonde hair or brown eyes. They let the mother cuddle this child; and then they say, "Bingo, go ahead and give this baby away." Well, think of all the tremendous implications here.

Abortion, I'm not even going to talk about that. I'm sure this is going to come up in discussion and the questions. I think very definitely abortion is on the increase. Period. That's all I'll say. If anybody asks me, I'll go ahead and give you statistics on this.

In a very rare case and a very rare situation, the girl who is pregnant will go ahead and assume the pregnancy. She'll go ahead and deliver the child, and she'll try to be both maternal and paternal influence on this child and try and bring this child up alone. I think this basically is kind of abnormal behavior, but a certain number will go ahead and do this.

Then the question is raised, of course, what about self-destruction? What about suicide? This is really not too much of a problem, I don't believe here, I don't believe it is nationally. Statistics, of course, all the big statistics come out of the states of Minnesota and California. Right? An analysis of all the deaths from abortion, a very, very small percentage of these girls are college girls. The majority, as has been stated previously, typically this is the 27 or 28-year old girl, married, having about four or five children, doesn't want this particular pregnancy, outwardly is very happy with the status quo of things, and will go ahead and either get a criminal abortion or try to abort herself. But statistically, this is not a problem with college unwed mothers. One might wonder if the topic ought to be today whether we ought to be talking about "Self-control" or "Birth Control" rather than the things we are talking about.

But to go ahead and kick this off a little bit, who is really prepared to go ahead and prepare these kids? I don't know who is prepared. Prior to 1960 there was not a single medical school in the country that prepared their medical students, who are the future doctors of this country, for sexual counseling. Recently, of a class of 120 that graduated from Yale Medical School—and these kids were all polled prior to their going out in practice—and the specific question was asked, "Are you prepared to counsel people in sexual problems?" Out of that 120, 114 answered negatively. So I think, everybody says, "Well, let the doctor do it; let the doctor do it." Well, maybe the doctor is not prepared to do it, or maybe he is not interested in doing it. So then we go ahead and set up these various aspects of educational facilities; and this is usually in the secondary school system; and it's usually falling in the lap of the physical education instructor who either is too embarrassed to talk about this or doesn't want to talk about it. But I think this is the plight that we're in.

I think very definitely the basis for our topic today, all the factors that are mentioned are on the increase. Period! And I think it's a problem. I think we have to go ahead and face this problem. And it's funny—Dr. Puls used the word "tolerance;" I was going to use the word "flexibility." But I think we are in a changing situation, and I think we have to change along with this. I don't think we can be dogmatic and condemn, nor do I think we can condone. I think we have to try the best we can to understand. I don't think we are going to direct anybody's sexual behavior, but I think we can observe this, discuss it, and perhaps learn by it and direct others to go ahead and do something a little bit better along these lines. I think with this is mind, I'd be more than happy to entertain, as I'm sure the other panel members would, any specific questions. As I sat up here and saw all the people around and the microphones here, I kind of thought of the David Susskind show on Sunday night, so I hope this will be as spontaneous as that.

Comment: Doctor, may I make just one comment about this though, that we're really in a sense trying to hide from the problem in this respect. On the one hand, we say that the percentage of people involved is so low that we shouldn't overemphasize it. This is, I think, still quite correct. On the other hand, we cannot overlook the tremendous emotional crisis and upheaval that occurs in the one girl who has the pregnancy. You can quote statistics until "hell freezes over;" but when you have that one case, you have a 100% problem. It is really wild. And that requires, of course, all of our energy. I don't think that any of us mean to infer by my specifically trying to de-emphasize this in terms of the title "Love - College Style." You can say Love - Poor People Style, Love - Suburbia Style, Love - Any Style and use the same title I suppose; and this is what I basically object to. I don't think any of us can play down the individual circumstance as it arises; this is a tragedy of the first magnitude.

Comment: May I ask a question of Dr. Mueller? You say you work with women, in the area of illegitimate pregnancy. I work in a health clinic, and see, I would say on the average of 2 to 3 illegitimately pregnant young girls from age 13, 14 and primarily 16 and 17, per month. It suddenly dawned on us it's frequently a tragedy. Family is in upheaval. Are we going to give the child to the mother? Her father and her mother are upset. We very seldom in the past have thought, "what about the boy and the problem to him and his family?"—very seldom do we try to get the boy in. They've been trying to do this more recently with some success of letting the boy and his family come in too. And I'm not talking about the college group. I'm talking about the high school age group. We're finding out that the resolution after the heat is off, after the first month or two months and the constant work with both family groups can work, cause this is where we get the boy and girl in; and we're having better luck in resolving the parental crisis than by just looking at the poor girl. What I am suggesting is that we're always talking about the poor girl—granted, she has to go through the childbirth, she has the child, and this and that. I was wondering on the college level, have you had much success in your 15 cases or other cases. . . Has the boy been asked in or volunteered to come in to talk with you?

Mueller: Well, let me tell you the situation here is a little bit more unique in that the health service in Greeley is composed of several—many different doctors. Myself, for example, I don't really know how I appeared on this panel. My connection with the health service is that I go down there for an hour and a half every Monday morning. So my remarks are not inclusive of the others, but I will tell you exactly how we try to make this the least traumatic that we possibly can for a given individual. For example, the college girl freshman or sophomore who is pregnant, first of all, we have to have this girl come in and very definitely confirm this pregnancy. We'd hate to go ahead and say, "Well you're pregnant," and then she goes off half-cocked, and she really is not pregnant. This is really very, very traumatic, and this I think is the fault of the doctor more than anybody else whose compounding this problem. After the diagnosis is made, the first thing that I always do is, I encourage these girls to tell their parents. And I encourage her not only to tell the parents but to have the parents come in and talk with me. Secondly, I encourage her to tell the boy right away, if it's at all possible and usually it's possible, but these boys don't like to come in and talk to the doctor about an illegitimate pregnancy. But I like to have these boys come in, and I stress the point that I think we have to look upon this sort of thing as an illness—just like appendicitis is an illness, just like gallbladder disease is an illness. It lasts nine months and one gets over it. There may be some side effects from surgery; there may be side effects from pregnancy, unwanted. But in essence, if we go ahead and use this approach, and look at it as an illness that one will get over without, hopefully, too many long lasting effects, well I think this works a little bit better. With only one or two exceptions, parents I think, are very, very understanding. The girl, of course, goes through having the stigma put on her of an "unwed" mother. I think very definitely we should not push these kids into marriage, if they were not going to get married to this individual if they were not pregnant. But I think the boy very definitely has an obligation, and I think this should be at least a minimum financial obligation. I think his parents should be aware of this, because this is a family unit; if it's going to be falling down, let them all fall down together; and if they are going to survive, I think they should all survive as a unit. This is the way that I approach it, and I think with very few exceptions—only two that I can remember—have the parents been irate about the way that it was handled. We try to make this as easy as possible for the girl, for her parents, for the boy and his parents, and we go ahead and arrange—usually these girls will go in a home either in-state or out of state, depending on their wishes. Denver many times isn't big enough. They run into friends of theirs, so we try to send them to Minnesota or California or Iowa. This is very easy, I think, just knowing people there;

they can go ahead and handle the situation once these individuals get there. But this is on the increase, and I think one has to try to make the very best of a bad situation. This has been my approach. It seems to work fairly well. Somebody else may have an entirely different approach that may work better; and if they do, I would certainly like to hear about it and I would adapt if I thought it was better.

Comment: One of the things that we have run into in the ten or eleven cases where we got the boy and his family, is the boy is going through depression. The boy has got an extreme amount of guilt that he bears, and also that he receives from his parents. Now, here again physically, I think we have ignored the boy. I'm talking again about the teenager and what constitutes the family experience; but then the need for some intervention in bringing him up to a par where maybe he and the girl, as well as the two sets of parents, can make a reasonable disposition. Nine times out of ten, marriage predictably would fail, in this event.

Mueller: No, I very definitely agree about that, but I think one of the things that's not really discussed too much and not really thought about too much, is the poor kids. These little kids don't really ask to be born, and somebody's got to take care of them. Either the parents take care of them singly or as a couple, or the state takes care of them; and this, of course, gets into the problem of welfare in mounting costs as taxpayers. I think we can go ahead and condone a certain amount of this; but I think we have to assume a very, very—at least I do, I assume a rather tough attitude especially for repeaters. Girls that have not learned anything by an initial experience, come back the same way. I tend to be a little curt with them; but I think they appreciate this, because their parents aren't, so somebody has to be. Just like your little boy, you know, he's always rebelling; but you go ahead and tell him to do something; and before you know it, he's in the back of the yard telling his friends that, "My Daddy says I can't do that, and I'm not going to do it regardless of what you guys say." And I think these kids, even though they're college kids and they're young adults supposedly, I think they are looking for direction. If they're not getting it in one place, they're going to have to get it in another place.

__Alley__: May I enlarge upon this slightly in the light of some of the things that Dr. Puls pointed out, also? Probably one of our major problems is to prevent a hasty marriage, as a result of this tremendous loyalty of which he was speaking. These kids usually will take this as a very real and serious commitment; and generally, one of our first moves, of course, when we have both of them in, is to say, "Now, look, let's just calm down, get the lid on things, and sit back here, and let's talk about this a little bit and find out what's going on." Because it's amazing how many will come in and say, "Pregnant, eh? Well, gee, honey, we're going to get married." And that's that. We figure that actually one of our major jobs is to hold this attitude in check until we're reasonably sure that they are sure that this is a good and solid relationship upon which they can proceed. I must also agree that one of the most traumatic things in medicine, for me, has been the girl that comes in, flops down in the chair next to the desk, crosses her legs while she pulls her skirt up around her ears and says, "Well, Doc, I think I'm pregnant again." And for those people, I don't think we have an answer and I don't expect that we ever will.

__Comment__: Do the members of the panel know what happens to illegitimate children in Colorado? Are they adopted in the most part, or do they mostly just become a ward of the state and prowl around until they grow up to repeat this pattern, or what happens? To me this is a very, very critical issue, when we're dealing with mental health and the general mental health of the whole community; and if we ignore this thing, it could certainly do harm to these couples who marry because they haven't planned otherwise to marry. Do you know whether this kind of marriage fails more often or is any less desirable than the kind that is promulgated for a thousand other reasons?

Alley: One of the things that I think is troubling the kids a lot is the fact that an awful lot more kids nowadays are aware of the fact that their parents were in trouble when they got married. This was something which was never discovered or discussed within the family framework before. It's absolutely amazing how many kids say, "Well, that's the way my mother got married, and I guess I can do the same thing." In this sense, the whole key to the problem is the stability of the home in which they grow up. Was it indeed a good marriage that resulted from that inauspicious beginning? And as far as to whether or not the children are adopted, I regret very deeply to say that from the information that we've been able to get, it depends upon what color they are.

Comment: Well, another thing that I was suggesting is, that we've always thought the important thing that makes a marriage successful is something that happens before marriage. And I'm satisfied that probably more marriages are good and successful in light of something that happens afterwards. And maybe, this kind of marriage that is brought about by the fact of an unwanted pregnancy, could be built into as good a marriage as nine tenths of the others.

Comment: Well, I might add something to that in terms of experience with marriage counseling. In many cases I have seen where a couple, (I might add in spite of my earlier remarks about really making sure, should this couple get married or not just because she happens to be pregnant, and the need for bringing in the boy and determining this in a certain sense) seeing a couple 35 years of age, 40 years of age, been married 20 years or whatever it might be, several legitimate children having followed the illegitimate children. At age 40 the couple run into trouble over anything from burnt toast to financial problems or Grandmother having moved in or whatever. Listen to them long enough, finding frequently the resentment which was never resolved as a result of a hasty marriage, "We didn't really have a free choice," as someone here has mentioned. "We got married because we were pregnant, and we were going to get married anyway." But in many instances, without proper counseling, too much rushing into the situation, they got married because she was pregnant and didn't look at other alternatives. They got married at 18 or 19. This thing then becoming infested over a period of many years, and yet later we're finding them in marriage counseling situations as one of the core resentments and one of the core problems, and they have been living with it for 20 years. "Damn it, we really didn't want to marry one another, but we did."

Comment: I want to ask an unpopular question. What's wrong with these marriages? You seem all to express the concern that these people should not enter into this marriage, and yet it would seem there are more legal controls, more protection from welfare that could result from proceeding with the legal contract, even though it will be dissolved. And your comments about marriage in difficulty at age 40, I don't think need to be focused on the reason for marriage. It's an unpopular question, but what's your reaction?

Mueller: I'll give you an answer to that. I never said that. I got engaged after meeting my wife three weeks. We had a very rapid marriage. Again I don't like to go ahead and fall back on a great deal of statistics, but I think this serves a point. Roughly one out of three marriages in this country are failing right now. They're heading into divorce, and the younger the age group that we go down and start marriages—16, 17, 18, 19—these statistics go down to be even higher, almost 50% of the marriages that start end up in divorce.

Shore: Four out of five, under 21, in Colorado.

Mueller: Dr. Shore says even higher than this. Now this is really not too much of a problem. If you have two people get married that finally don't go ahead and adapt to one another, well, go ahead dissolve it, this is fine. There's nobody hurt too much with the exception if there are children involved. Again I don't think we can be dogmatic about this; and you and I know many, many people (maybe your parents, maybe my parents that, we'd rather not comment on) who have been married and have stayed married when probably they shouldn't have stayed married. This is the thing, that again our values are changing. We can't be dogmatic about this. I think we have to be very flexible and to go ahead and say that one individual should stay married because they have a son or daughter or two or three. I think this is wrong in certain cases. I personally couldn't really give you any answer at all on this. In answer to the first question about adoption, I think again this depends on what color, as has been stated. In college marriages or in college illegitimate pregnancies, these are usually rapidly claimed kids because their mother is an intelligent girl as a rule; their father is fairly intelligent; and they're white, and these kids are picked up fairly rapidly with the exception if there happens to be any abnormality, major or minor abnormality such as a clubfoot or bad birthmark or something like that. Most people are not willing to take an abnormal child with these marks, and these are the kids that stay in the adoption agencies and if there is any major abnormality or anomaly these kids just are not claimed unless there is a very, very broad minded individual or couple that will pick this child up.

Alley: May I put forth a question to the group and the panel, of course, in particular? What is our success rate in assisting girls who do not desire to proceed into marriage, to carry the child to term, and give up the child for adoption? This is a tremendously complex situation, because I'm thoroughly convinced that no woman ever carried a child to term whom she does not love dearly by the time the child is born. I think there's a tremendous relationship that is built up by then. But we have a distinct problem with abortion; and often this problem comes from the parents, the girl's parents. I would say, half the time their initial response is, "My God, we've got to get her an abortion!" And we've just finished telling the girl that we don't think that's a decent idea at all. She's, of course, already considered the alternative. But I'm quite concerned; for example, that our attempted suicide rate in girls is six times higher in girls who have had an abortion, under the most favorable of circumstances. And I'm quite concerned about this figure. I am firmly convinced that there is lasting emotional trauma from an abortion. And these girls require a lot of treatment, for they've been the route of being cornered once somewhere, and they unfortunately rarely seek help before some drastic gesture, or cry for help, or indeed very serious suicide attempt. This is a problem which we just have not been able to solve satisfactorily at all, and I'm interested in comments from anyone on this.

Shore: I think I could make a comment there too. I think, as he says, it's the mother who comes and asks for the abortion. I don't ever remember having a girl ask me for an abortion. I've had a good many of their boyfriends, but the vast majority of the cases it's the mother. When you ask the girl about this, I would say again, my own particular point of view naturally infleunces how I feel about it and what they say to me; but in the vast majority of the cases the girl is not really pleased with the idea. Now I won't say that she resists the idea; but she's thought of it; she's not ignorant; she's thought of it, but mama brings it up. As I say, frequently the boyfriends bring it up, too.

Mueller: I had a lady come into the office last week, and her daughter was pregnant. She said, "Since you're an ethical doctor would you recommend somebody who could perform an abortion on my daughter?" And I didn't really know what to say. I was just kind of dumbfounded. But this is the way the thing goes, and in relation I have a few comments on suicide. Everybody thinks when they hear about abortion—they think of Scandinavia. You go to Scandinavia, you go to Sweden, you go to Denmark, you get an abortion. Well, in a majority, these people do get abortions over there; and it's in Japan, anybody who wants an abortion can get one. But they did have a series of around 400 girls over in Scandinavia who were refused abortion for one reason or another. These girls were followed for a long term; and none of these 400, even though they attempted or they talked about suicide, in no instance did anybody ever try to commit suicide. All statistics that are written and all articles that are written in some of the leading journals, both of the psychiatric nature and pure medical nature, tend to play this down. People talk a great deal about committing suicide when they're pregnant. Very, very few ever attempt it. Very, very few, less of a percentage still yet, are able to go ahead and go through with this the way they were talking about this. In a survey down at the University of Minnesota, they had a suicide rate of one girl per 88,000 deliveries which is way, way below the general population. Now this is just one specific state over a specific period of time, but other states I think will go ahead and reflect this out and bear this out. And again, looking at all the abortion deaths in the state of Colorado or California in a six year period, (it was just published last week) there's only 2% of these girls that are college girls. And again, psychiatrists, medical personnel, repeat over and over again that even though people talk about this, suicide is not a problem. It is; I shouldn't say that; it is a problem. It's not as much a problem as everybody makes it out to be. One of the main problems, however, in girls that actually do commit suicide when they are pregnant and having talked about this, is that they many times will go ahead and kill their children first before they kill themselves. So this becomes mass murder, in this particular case. But again this is way, way out of proportion, and I think we really don't deserve to spend a lot of time on that.

Comment: Doctor, how many have had a previous abortion? The figures that you're quoting are those who are pregnant. These are no longer pregnant girls; these girls are not pregnant at the time of their suicide attempt.

Mueller: Well, in Latin America on a survey again that was done down there, they've gone ahead and asked a series of girls and married women—this is married women. In Panama, one out of four will have had an abortion; in Rio de Janeiro, one out of two readily admit to having at least one, two, or three abortions. The suicide rate there is not any higher than it is at any other place in the country. Again, these people talk about this. In fact, in most Latin American countries, the majority of the blood that is given in the hospitals is given for either incomplete or criminal or induced abortions; and this is getting to be a problem then, because they don't have enough blood to give to anybody else. But getting back to the suicide rate, this is not our proportion. In the psychiatric conference held down in Houston just about three weeks ago (and this was written up in one of the throw-away journals), a panel of psychiatrists all were in 100 percent agreement when they said there are no long-range depressive effects from therapeutic or induced abortion. Well, I think we have to take this with a grain of salt, too, because I'm sure that's not correct. But again, this does not seem to be a tremendous problem.

Panel Member: Maybe it's time for us to start publishing again.

Shore: I would like to comment again. South America, so far as I am concerned, is an absolutely foreign environment; and I don't feel that what an American college student feels about an abortion would have anything to do about what a South American peasant would feel about abortion. I don't think when you're talking about depressive reactions and suicide that you can possibly take two completely alien cultures and talk about the statistics involved. As for the psychiatrists point of view, there is a man in the audience with whom I have spent a great deal of time taking care of a young lady who was markedly depressed after an abortion, and who is still quite disabled from this problem two years later. Again, I'm not convinced that this is a major problem; but for anyone to say that this is not a triggering facet for a depressive episode in someone, I just can't believe it.

Panel Member: I think normal pregnancy can be a depressive trigger.

Mueller: I've got three girls that Dr. Farrell is taking care of right now that are unable to cope with a new baby. They were taken care of by their mothers and their daddies, and they had a nice horse to ride all the time; they got married, they had a baby, and my gosh they had a mental crack. This occurs too; this occurs every day.

Alley: One of the interesting things about suicide is that statistically if you want to avoid suicide, if you're thinking suicidally, get pregnant. It's almost unheard of in pregnancy for some reason.

Comment: I would like to respond to Dr. Alley's original statement. I was shocked and surprised at your figures and that you were quite proud of them, and it seemed to me there must be something wrong here in terms of this service whether the students are really responding to it in a way that this should be provided for. It's not consistent with other student health services at other large schools. Secondly, the title having to deal with the four factors, I don't think—perhaps unfortunate because there were all M.D.'s put on the panel—it wasn't aimed at the idea, you're the only people that deal with the problem. Perhaps this is part of it. It comes back to the counseling centers, to the psychiatrists, to the psychologists, the social workers, whoever it is employed in the counseling program. We hear a great deal of it. I have no doubt that at least a minimum of 50% of the people I see fall into one of these categories.

Puls: Again, this problem of conscience. Of course, I deal with a young lady that comes in who had an abortion. The most recent incident was a young lady of about 17 or 18 who had her abortion done in the nearby city. It seems quite easy to get an abortion. She came in because she had an infection—an intrauterine infection, an infection in her uterus. She came into me without qualms about what had been done; what her concern was that she get this infection cleared up, which we did in a couple days, and her bleeding was stopped within a couple of days. Her boyfriend visited her regularly, and the last time I made rounds and before I discharged her, their question was: Is it cleared up enough that they could have intercourse? There was no question in her mind, no qualms about what had transpired. They were concerned with getting on with things, and this isn't a unique experience.

Comment: Dr. Alley or Dr. Puls, I'd like to ask a question. What percentage of the people that you consult with have you ever asked whether they'd ever had a marriage counseling course, which would reflect that they be responsible people before they engage in these activities? Have you ever consulted with any of them to determine whether or not they were experimenting, and whether they had had any marriage course in college or counseling course in college?

Alley: It's very patchy. One of the things that has really concerned us very greatly is: By God, we're going to have to have some sex education. We talk about our sophisticated students when they enter college and so forth, but we're finding that they're woefully ignorant. If you ask ten college students, I don't care whether they're male or female, if you ask ten students in a row what the so called safe period is in the cycle, you will get ten distinctly different answers. And yet, they all know that there is one and they all are firmly convinced that it's this particular period. And this has a little problem associated with it too. Specifically in answer to your question. No, I do not know of any significant proportion that have had a course in high school or college. What this reflects, I honestly don't know, because again we don't talk that much in these terms with the students who are not in difficulty. May I pass on one thing which is a chronic sort of a problem to us as a university health service. If you go out and ask any of our girl students what they think about the health service, they have a strange way of answering, "Don't ask us if we're pregnant." And, you know, I've been looking for two years now; and I'll be damned if I know who's asking them if they're pregnant as the first question; and I still don't know; and I'm not sure they do. And I'd like to know where all this is coming from, but they're rather sensitive about this.

Mueller: I'd like to answer that question. Talking about the group of medical students that were interviewed at Yale. The way this came about is that there were a group of educators meeting in San Francisco, just like educators are meeting here, and at the end of one of these sessions a secondary school teacher got up and she actually did make a plea for sexual education. One of the people that was attending was a junior staff member at Yale Medical School; and he went back as a staff man and set up a completely new course, which was incorporated into the curriculum, of sexual behavior and sexual education for the future doctors that were going to be going out and counseling these individuals. If you were to ask me how many people that I would go ahead and ask what kind of educational upbringing they've had, why I would say 100 percent, because this is something that I routinely ask them, especially on the girls that come in for premarital examinations. Those girls that are pregnant, I still go ahead and ask this; and I would agree with everything that's been said. The sexual education is really poor. It's really lacking in the school systems. Some states, some counties, some local communities, are trying to correct this. But again, who's going to teach this? Who is qualified to teach this? This is the big problem. I think if you can go ahead and start indoctrinating young kids, not at sixth grade or seventh grade or eighth grade, but at age—well, first and second grade. I don't think you have to go ahead and tell them about the various 10 or 12 or 15 positions of intercourse, but I think you start out with normal growth and development and gradually divert into these various things. And I think this will create a healthy outlook, but again if you were to ask me who was going to do this, I don't know. This is something that in the Greeley school system I had a chance to serve on the planning board for this sort of thing; and everybody seems to have a different opinion as to how much should be taught, when it should be taught, whether the church should really go ahead and corral these kids, whether this should all be done by the parents, or whether this should be done by the schools, or whether it should be a combined effort. Well, statistics tell us that everybody's sloughing. Nobody is taking the "bull by the horns," and I think as soon as we go ahead and get a very well organized sexual education program at elementary school level, this is very important. Most kids have sexual education like I had. My Dad, when I was about 16 or 17; and I was going to go away to college, he asked me if I knew where babies came from, and I said, "No." And he said, "Well, you're lying." and that was it. There is a man at C.U. who conducted a survey about the opinions of the average person concerning sexual conduct of various kinds, and so forth. I think this would have been very helpful. I tried to get hold of this when I found this conference was going on, and I got the most fascinating letter telling me in eight or ten different ways written in legal language why this was not available. I'm quite sure he thought I was preparing an article for Time magazine or some such thing. But the preliminary report that I received from sub rosa source, indicates that the ignorance is just exactly as bad as we think it is. It's appalling. The average college student with all his sophistication probably knows less than we knew. I don't really quite understand this. We were discussing a little earlier about the segregation of the young. Now I wonder if perhaps this isn't just part of our problem. We don't allow people in an age group to get out of their age group. They have to play in this particular little group, and there's this age range in that. And when they go to college, then we shut them off entirely; they're not allowed to have any social contact with an adult older than them or a child younger than them, and so they have to develop their own system of mores and their own system of information. In fact, I think their system of information is appalling.

__Comment:__ Something on an experience that I had in the church I belong to in Denver, the Unitarian church, a very liberal church, very liberal. A man is on guard, always, in everything. I am a member of this church, and when they asked me—I very seldom go to church on Sunday, but I am willing to give some time during the week. I was asked to lead a group of parents who were concerned about their middle and late teenagers' sexuality. But I decided, first, to meet with the parents themselves through five or six sessions. The ignorance of these liberal Unitarians about sex, their suspicion of me, and what I was going to do with their children! Above all, I said, I want the boys and girls together in the group. I don't want to see the group of boys Tuesday night and the group of girls Thursday night. Let's bring them all together to talk about sex. But first what do we all know about sex. The group of ten couples, twenty people, the most giddy, ignorant group of people anxious about sex; they knew all the answers about their own sexual relationship, which wasn't true of course, because the anxiety level certainly indicated other things. In just three sessions, we were going to get down and really talk about what they wanted me to talk about with their children. Should we give our kids the pill or our girls the pill if they ask for it? What do we do with our sons if they come home and say they got Mary pregnant, etc. And it was all oriented, as far as the parents were concerned, about the techniques of sex. Do they know how to prevent it in case they should run into it, etc., etc. After this session was over, I met with the kids. At the first session everybody was a little bit giddy. And it turned out that the kids had this to say. Most of them being raised as Unitarians where in the first and second grade they learn how ducks are born, chickens are born, and this and that, and you go on up the line. Everybody figuring, well, we've got a pretty good sex education. Their complaint was, "Our folks talk too much about sex; they're always hammering about it." One girl in the group, particularly, whose father's a child psychiatrist said, "I am so sick and tired of my father every meal talking about sex. There are other things that I want to talk about." "How do you get along with your father?" "How do you get along with your mother?" "How do you know that if the guy you've decided you want to have sex with, if you really love him or not." The kids coming out with what I felt was a small sample. I think it's something that could be tried more frequently. The kids surprise us and are very honest in asking what the techniques, what the sexual problems, really are in terms of birth control and this and that, and boys and girls are able to share this pretty well in a group situation. But I am much more interested in this thing that someone here has mentioned—the question of, "What is love?" in the pure sense of the word—not concerned about sexual intercourse per se but more the idea of, "Is this the right guy for me? Will I be hurt by it, or will I hurt him?", or whatever. Whereas, the parents, on the other hand, "Oh, Oh, somebody's going to get pregnant, they're going to get V.D." There's another question that came up, "What are we going to tell our kids about V.D.?" The kids knew; they weren't vague about V.D., gonorrhea, syphilis and this and that; and we embarked on a quite frank explanation of this. But the main point was in interpersonal relationships. Sex is a part of living for dirty or not dirty people. Don't you think this type of approach can be used much more frequently?

Alley: There is a lot of pro and con in discussing the value of a course or some educational function in terms of family relationships. I don't think there'd be too much dispute in the fact that the actual matter of sex education per se (whether it be techniques, this, that, and the other thing) can all be handled with relative dispatch and hopefully with a minimum of hullabaloo. The question arises (I've been ambivalent on this for a long time), "Should we actually try to get family relationships into a course type of situation?" I think we should. This is a pathetic commentary in one way, but in another way it's not. For example, in the Spock era of raising children, and in which we still are sitting quite firmly, (although I understand that he's losing face rapidly because of an unpopular stand he's taken), but in the Spock era, we must not show ourselves truly emotionally to our children in our full complement. For example, if I'm going to chew out my wife, I'd better wait until the kids are in bed and take her off in the garage somewhere and so forth so that everything is peace and tranquility as far as what the kids see. And I don't think that our young people really know what is involved in a relationship as complex as marriage—something that is obviously going to go on a very long time, we hope. Other than trying to get didactic about something regarding family relationships, you do this, (a handbook that'd—be real handy) "Now, wait a minute, honey, I got to look it up and see what I'm supposed to say." I think that this can be carried to ridiculous extremes. But what really is one to expect from the emotional or interpersonal aspects of marriage? I don't think our young people really know. As a matter of fact, I'm not too sure many of us know ourselves. But I think that this type of information can be communicated: the fact that love isn't just a matter of liking someone; it isn't a matter of (and we still hear this) the fact that you both like the same things on your pizza. There's an awful lot more to life than this; but we still do hear this; and we have kids that come in and ask us, and these obviously are reflecting the more healthy kids, "What really should I expect? What should one expect in terms of responsibilities of marriage?" These are questions which just aren't being answered before the kids get to college.

Shore: I think there's one hopeful aspect of what you've just said. I think that sex as a reason to get married is perhaps declining. I hope so, anyway. I think that for many generations in the past this was one of the major reasons to get married. You just had to have a sexual partner. Now, the kids talk about a "meaningful relationship." I haven't the faintest idea what that means, and they don't either. As far as I'm concerned, I have a meaningful relationship with my milkman. He brings me milk, and I give him money. This means something to them. It's wrong to have intercourse with just anybody who comes down the pike, but if it's somebody you have a "meaningful relationship" with—now as I say the old words—you love him, well. . . Well, of course I don't know what love is and as I don't know what a meaningful relationship is either, I can't really argue with them, but I think that this is a hopeful aspect of the new sexual freedom—let's hope that it is.

Saturday, July 22, 1967 10:30 a.m. session

Mark P. Farrell, Jr., M.D., Medical Director
Mental Health Center of Weld County, Greeley, Colorado

"SELF-DESTRUCTIVENESS, PSYCHIC-MASOCHISM AND STUDENTS IN TURMOIL"

What I'm going to say to you this morning is in the nature of a theoretical organization based upon clinical observation of many adolescents over the last fifteen years. I will present it in terms of a psychodynamic understanding of what I think is going on; why I think it is going on; and the implications for the treatment of these kinds of problems, if what I am describing as occuring in these children's lives is, to some degree, etiologically accurate. The concept being, that in order for treatment to be rational, etiology must be specific. You can't define a treatment program or a counseling program unless you have a clear-cut concept of why the person is disturbed or ill, and how they got that way before they came to see you.

I'm presenting this kind of an understanding in hopes that you may utilize or think about this kind of organized conceptual approach to see if it is useful to you in dealing with some of these children. We're going to talk about adolescent behavior between the ages of 15 to 24 in general and then talk about some of what I consider to be the antecedent factors that have some causal relationship to this kind of behavior and formulate some kind of idea of how and why these things are connected with this kind of behavior and offer a psychodynamic explanation of this. We will review this one particular case and then talk about what implications it has in terms of treatment. By treatment I mean all of our contacts with students for whatever reasons they come to us to have us help with something that causes them stress. Then we'll get involved in a discussion.

Students in turmoil upon close scrutiny are seen to comprise but one aspect of this particular age group's broader psychosocial expression of a continuum of pathological aggression that is predominantly of a self-destructive hostility, which is becoming increasingly more manifest among the adolescents and young adults in our society over the past few decades. In order to accurately view college students in crises that they embroil themselves in, we must put our observations of them in perspective as to what is happening with adolescents and young adults in general in our society. A review of the indices of social disorder relative to this particular age group show that their divorce rate is three times higher than it was a decade ago and twice as great as individuals over twenty-two; that they are involved in serious violent crime at a rate double their proportionate share; that their rate of successful suicide has doubled over the past ten years and their number of suicide attempts is astronomical; that the number of homicides they commit is over double their proportionate share; that young males under twenty-five account for a disproportionate number of vehicular homicides; their rate of alcoholism is increasing twice as fast as the general population; that the rate and number of illegitimate children they spawn, the pill notwithstanding has doubled every ten years, and the frequency of criminal abortion among them is rising correspondingly; that they account almost exclusively for all the parents who commit assaultive violence, of a serious degree, against their own children (the battered child syndrome) that they are predominant users of hallucinogenic and other drugs; that the evidence of avowed male homosexuality is higher among them than ever before; the rate of delinquency increase has doubled their proportionate general population increase; their dropout rate from both high school and college is at a very high level; and their rate of unemployment is double the general population's and double what it was a decade ago for the same age group.

Now the President's Commission on Crime and Juvenile Delinquency show that although late adolescents constitute only 5.4% of the population, they account for almost 13% of the arrests in this country. This adolescent age group increased approximately 20% from 1957 to 1962 while their arrests increased 26%. The latest FBI report for 1966 shows that this age group increased 1% over the previous year in the general population but their arrests increased 2%. This age group, of approximately 5% of the population, accounts for a little over 14% of all homocides, 20% of forcible rapes, 33% of burglaries, and robberies, and 50% of auto thefts. Males outnumber females as perpetrators of serious violent crime by approximately 10 to 1.

Suicide statistics are equally revealing. In 1954, 865 youngsters from the ages of 15 to 24 completed suicide. A decade later, in 1963, 1,663 of them took their lives. This was an incidence change from 1 suicide per 200,000 children this age in 1954 to 1.8 suicides per 200,000 in 1963, or almost double. The number of children in this age group increased approximately 20%, while the number of suicides increased about 100%. No apparent relief is yet in sight for the next younger age group, from 5 to 14 years, who in 1954 had only 37 suicides but 104 in 1963. Jacobziner authoritatively estimates that 100 suicide attempts occur for every successful suicide or approximately 180,000 attempts a year in this age group. Suicide attempts are predominately female by a ratio of 7 to 1, but males outnumber females in completed suicides in the order of 5 to 1.

The National Safety Council's 1966 Report on Accident Facts shows that male drivers under 25 years of age comprise 20% of all registered drivers in the United States, but they are involved in 33% of all fatal car accidents. They are also involved in a disproportionate number of fatal one-car accidents, a phenomena which is increasing yearly. A recent article concerning Colorado highway deaths stated of the 265 fatalities so far in 1967, 114 of these were one-car accidents. Again, males are associated with this violent self-destruction in a ratio of approximately 5 to 1 as compared to females.

In 1960, approximately 530 individuals under the age of 25 died from the direct effect of chronic alcoholism; that is, from cirrhosis, organic psychosis, or acute toxic death secondary to alcoholism. Now in order for this to occur by the age of 25 the youngster had to have started drinking early, long, frequently and hard, cause it takes at least 10 years to develop enough damage to one's liver, for instance, to develop cirrhosis unless there is some pre-existing condition, but under the age of 25, this would be very out of the ordinary. The rate of first admissions to state hospitals for alcoholism for individuals under 25 years of age is 7 per 100,000 in Colorado which ranks 21st among the 50 states in incidence of alcoholism. This would mean across the country, some 3,000 youngsters a year enter into a cycle of repetitive drunkeness, mental hospital institutionalization, that has about a 50% cure rate. The other 50% must then be embarking on a predictable, downhill, inexorable, one-way, dead-end road of life which ends abruptly and often quite tragically some 10 to 15 years before it reasonably should. Again, males are more susceptible compared to females by a ratio of 5 to 1.

It would be presumed that what with broader and earlier sex education and the great availability of the pill, that the rate of illegitimacy would begin at least to stabilize, if not reverse itself. However, statistics from the U.S. Public Health Service show that the rate of illegitimate births per 1,000 women age 20 to 24 has risen from 9.5 in 1940, to 21.3 in 1950, to 39.3 in 1960. The present incidence of illegitimate birth for the age group 15 to 24 is 56.3 per 1,000 women in this age group, and this age group comprises 20% of the population of approximately 200,000,000 people, half of them are women. You put a sharp pencil to those figures and see the vast numbers of what we are involved in here.

The more recent figures from the Public Health Service of Buffalo, New York, show that the percentage of illegitimate births to total births rose from 4% in 1960 to 12.4% in 1964 among the 15 to 20 year olds, but more significantly, the rate of increase of the last five year period, 1960 to 64, was 200% greater among girls under 17 and 400% greater among the 17 to 20 year old women than the two preceding five-year intervals. The incidence of serious medical complications during the illegitimate pregnancy that will impair the possibility of successful future pregnancies in these women is 400% higher than expected. The illegitimate infant's mortality rate is also significantly elevated over the legitimate infant by some 7%. The psychological impact on the unwed mother's capacity for mothering in the future after having "sinfully" produced an imperfect infant that dies is considerable. The illegitimate rate for the 15 to 24 year old group rose from 16.9 per 1,000 single women in 1940 to 56 per 1,000 in 1960. Now it has leveled off from 1960 to 64 to approximately this 56 per 1,000 women in this age group per year. Stop to consider what these numbers and percentages would be if the pill had not arrived, if it is at these levels and had been doubling every ten years.

The increasing rate of illegitimacy obviously carries with it an increase in criminal abortion. 5,000 maternal deaths are estimated to occur from the estimated 1 million criminal abortions a year in the United States. 25% of illegitimate pregnancies occuring in 16 to 24 year old women end in criminal abortion. It is estimated that single white and negro women between the ages 20 to 25 terminate 80% of their pregnancies by abortion. The higher the educational level the more likely they are to seek and procure abortion. The rate of primary and secondary syphilis among 15 to 19 year olds doubled from 1956 to 1962. Addiction to hard narcotics, numerically, is decreasing. The Bureau of Narcotics report that in 1963, 3.3% of known addicts were under 21 years of age. It is interesting to note that at the time of the passage of the Harrison Narcotic Act in 1914, there were three females to every one male addict. By 1960, this ratio was four males to one female. The younger the addict at the onset of addiction, the more prolonged the disease and the more pathological and symbiotic the addict's relationship is with his mother. Again another phenomena that is related more to males than females.

Now, the violence inherent in, and attendant to, these assaultive crimes of murder, rape, armed robbery, vehicular homicides, child beating, criminal abortion is as obvious as is the self-destructive and self-defeating aspects of suicide, suicide attempts, abuse and misuse of drugs, excessive use of alcohol, impulsive marriage and divorce, indiscriminate promiscuity, and illegitimate pregnancy. In other modes of behavior, the violence and self-destructiveness is more covert, less severe and more reversible. Among these are unaccountable academic failure, school drop-out, non-profitable and non-necessary delinquency performed in such a way as to insure apprehension; such as obvious, petty shop-lifting, repeated public drunkenness, petty thievery from dorm partners, cheating in exams, stealing meal tickets, books and school supplies. All contain subtle and disguised self-hurtful, self-defeating motives in the way that they are perpetrated so as to be caught. The example that Dr. Schield gave the other day of the boy that they gave three exams to, in which he repetitively cheated, and he couldn't tolerate being successful there or being given another chance. Then the other boy, who after two periods of grace, went and in an exhibitionistic way masturbated in public in front of the girl's dorm in order to get caught. Dr. Schield did not tell you about the one who scaled a 90 degree face of a building to get caught in the women's dorm. But again, when you are rappelling across the front of the women's dorm in broad daylight, it is a little bit hard not to get caught. But why this tendency to self-destructiveness, this self-defeativeness?

Likewise, consider self-induced rejection by adults, parents and society by a total commitment to abstract causes such as the Unwashables, Unshaved and the Uncombed, or civil rights marches or sit-ins or love-ins, or draft card burnings. Any, or all of these, to the exclusion of the colleges' real demands for academic performance and the families' demands to shape up or lose their financial support, are all self-defeating pursuits to one degree or another. Over-involvement with, and/or over-identification with, minority groups and their avowed Causes in direct opposition to family and society's prejudicial attitudes and expressed by means of working with or for, going steady with, living common-law with, having sex with, planning to marry a Caucasian, an Oriental, Occidental, Negro, Spanish American, Puerto Rican, Protestant, atheist, Catholic, Arab, Hebrew, gentile, Irish, communist, right wing, Republican, Democrat, Whig, Tory, radical, conservative, intellectual, urban, rural, Existentialist, orthodox-analytical Freudian, or a non-directive Rogerian produces a painful and acrimonious alienation from significant persons and this painful loss is self induced. Now, I use all these adjectives, because I have been involved with students who come in and are getting pressure from their peer group, the religious group, sororities or fraternities, or their families because they are involved with these above named persons who are apparently ostracizable, for some reason.

The self produced despair, anxiety, and guilty pain of involvement in marital triangles, or spouse swapping, or being homosexual or overburdening oneself with too much course work to the point of failure, taking on excessive extracurricular responsibilities such as part time jobs, or marriage, or more children, or another mistress, or too many installment payments, are all covertly self-defeating under the guise of an eager, frenetic pursuit of an accelerated self-realization and self-fulfillment whereas in reality these are all situations that are self-destructive to some extent rather than life enriching.

Another manifestation of the propensity to damage oneself is the phenomena of the previously diagnosed and successfully treated, physically or mentally ill student, who doesn't follow his prescribed treatment plan or medication schedule. We physicians, I think, run into this fairly often. The number of diabetic or rheumatic heart disease cases or epileptics or the cerebral palsied or peptic ulcer patients or asthmatic or severely allergic individuals who come to the attention of administrative, academic or health personnel at each college because they have ignored or abandoned their proper treatment regimen is quite high. Likewise there is a great number of anxious, or depressed, or hysterical, or phobic, or compulsive, or schizoid, or over-accomplishing, perfectionistic students who have been repeatedly counseled by parents, or family physicians and/or psychiatrists, school counselors or faculty advisors to follow a certain routine of living or course work or medication, or vocational goals for their own good, in order to alleviate anxiety or avoid failure, that end up in our offices in very troubled states because they have not followed these directions given to them in their own best interest. In summary, then, this age group accounts for 1500 homicides a year, 2000 suicides, 17,000 vehicular homicides, 2,000 deaths secondary to criminal abortion, 1,000 deaths from alcohol, 2,000 additional violent deaths that are probably indirect homicide or suicide for a total of over 25,000 needless premature deaths per year.

Their crimes against others are alarming. They are involved in these other violent acts that adversely affect the lives of hundreds of thousands of others in less lethal ways. They commit 10,000 sexual crimes, 340,000 crimes against property, 30,000 felonious assaults, 50,000 abuses of liquor and liquor laws, and 10,000 robberies a year.

Now, the *crimes against themselves* are equally impressive: getting themselves arrested a million times a year, approximately 200,000 suicide attempts, 100,000 criminal abortions, 80,000 illegitimate births and several hundred thousand of them deprive themselves of college and high school educations by dropping out of school. Several hundred a year are dying from the toxic effects of drug use or addiction. Three thousand of them are admitted to state hospitals for alcoholism each year.

Equally significant are the *crimes and stresses against them*. Thousands of them are admitted to state hospitals a year. (And state hospitals, incidentally, are probably the most inappropriate institutions in which to treat adolescents.) There are approximately three hundred thousand divorces a year, and I believe some of these divorces involve their children, and there are five million alcoholic adults, (mostly their parents). A more prolonged and demanding state of dependency, a more complicated society to fit into, an increased mobility and instability of their materially affluent or very poor families which are rapidly dissolving. They must fit into the ambiguously reorganizing family, religious, societal and ethnic value systems in which father and maleness and gender identity, in general, are becoming more and more illusive. Most of the foregoing statistics have repeatedly illustrated the preponderant susceptibility of the male as a perpetrator of, as well as the victim of, violence and self-destruction; more so than the female, to the point where we can amend the old adage to read, "The male is more frequently and earlier 'deader' and more deadly than the female of the species." It would seem then that this age group, from which we draw our students, has the Mark of Cain upon them. Apparently now more prominently in evidence than has ever existed in their progenitors.

Shall we presume that our students, of this age group, have come through to us totally unscathed by whatever influences are producing the pathological violence and its derivatives that exists in so many of their peers or shall we assume that to some degree and quality they are similarly affected individuals and vulnerable to self-destructive violence? Knowing this, should we initiate a broad preventative approach within the framework of our education of them to counteract these malignant influences? What is the genesis of this destructive violence and/or self-destructive, self-defeating behavior? What function does it serve for the individual? What is its object or purpose? What is its meaning? An accurate answer to these questions is vital, for if treatment of the student in crisis is to be rational, an understanding of etiology, of this self-inflicted turmoil, must be specific.

There is a profusion of literature from various disciplines concerned with these youngsters' symptomatic behavior. It offers a plethora of data from many different theoretical and conceptual perspectives. However, an overview of them reveals a fairly definite pattern of persistently reoccuring stressful social, familial, and psychological occurences in the life experience of these troubled youngsters which varies significantly from individuals who do not manifest these pathologic aggressive symptoms. The significant occurrence that persistently appeared in the studies of the early life history of schizophrenics, neurotics, and character disorders; of delinquents, alcoholics, and school dropouts, as well as adolescents who attempt suicide and those who commit homicide or commit suicide; and young women who repeatedly have illegitimate pregnancies, and young men that cause vehicular homicides, adolescent drug addicts, and homosexuals, was the inordinately high frequency of the loss of a parent, usually by death, during the early years of the adolescent's life. The literal loss of parents at an early age, through divorce and separation, physical and/or mental illness of the parent requiring long hospitalization and absence from the home, desertion, abandonment, and imprisonment of parents also contributed to the children's premature real loss of significant love objects. Psychologic loss of parents occurred where homes were intact but alcoholism in the parent, ambulatory mental illness of a parent, working mothers, parental discord, and incestuous relationships by the parents with the children, prevented the formation or maintenance of healthy object relationships with the parents or forced the relinquishment of whatever relationship had been previously formed. Symbolic loss of significant love objects occurred secondary to experiences producing a feeling of a loss of self-esteem, devaluation, unworthiness, rejection or unacceptability in the eyes of the love object related to events which were insignificant in themselves but which initiated or reawakened rage and depressive feelings over actual or fantasied past losses.

A study of hospitalized psychotic patients by Berry in 1939 showed a higher incidence of parental death, usually to mothers, during the childhood of the hospitalized schizophrenics. A study in 1944 expanded on this thesis and demonstrated a higher incidence of death of a parent, usually the mother, during the childhood of the hospitalized female schizophrenic patient. The male schizophrenic showed a higher rate of loss of their fathers through death rather than mothers. Berry in his study of 1,683 state hospital patients, showed that maternal loss before eight years of age was 2 to 3 times higher than the controls. Loss of the father through death after age eight was higher than the controls. Lidz, in 1949, reported that, of the younger patients admitted to the state hospitals for schizophrenia, 40% of them showed a history of having lost a parent by death before they were 19 years of age. Wahl in studies published in 1954 and 1956 of 965 hospitalized schizophrenics showed excessive parental loss in their childhood. Another paper by Berry and Lindimen, in 1960, reported on 1,202 neurotic patients whose family history showed a significant loss of the mother by death prior to age five and that the death of the mother occurred more frequently among girls, who subsequently developed neurosis, than among boys who did, and that the loss of the father was not statistically significant but there was a trend in the same direction as these other figures. Hillguard and Newman in 1963 reported on a study of 1500 hospitalized schizophrenics and alcoholics and demonstrated the loss of mother by death prior to age 19 of 22.4% of the patients vs. 15.3% of the controls among the schizophrenics. Likewise, of the alcoholics 28.6% had suffered from parental death as compared to the control figure of 15.3%. Younger male alcoholics had a significantly higher loss of both parents by death whereas female alcoholics showed no increased parental loss. Another study, by Berry and Lindimen, summarized the findings of six authors investigating the family history of a total of 24,000 delinquents and adult criminals. These figures showed an average incidence of maternal loss by death for males of 14.4% and 19.2% for females. The parental loss was all significantly elevated over the expected loss. Now, the average paternal loss was 21% for boys and 22.4% for girls all of which was significantly elevated. Gregory, in 1965, reported on an introspective study of

11,329 Minnesota school children and demonstrated a significant rise in delinquency in boys who had lost their fathers (1) by parental separation or divorce and (2) by death followed by other variations of parental loss. Delinquency in girls was most frequent in divorce or separated families, followed by loss of mother by death and among girls who were living with father only or neither parent. High school dropouts (among non-delinquents) was highest among boys and girls whose parents had been separated or divorced, and among those who had lost a parent, of the same sex, by death. We see here a decreasing severity of mental illness or social disturbance with a decreasing irreversibility of loss of a parent, death being the ultimate irrevocable loss of them and divorce or whatever being less severe types of loss. Gregory, in his study of 1,690 college admissions, demonstrated a frequency of parental loss among the general admissions to the college comparable to the general populations rate of 2.4%. However, in evaluating data on 162 students of this total, who were seen for psychiatric treatment at student health, the frequency of parental loss by divorce among this group was significantly higher at 9.26%. (These figures correspond with my experience here with the almost 70 patients I've seen. In each one of their histories there is a loss of a significant person, usually mother or father by death or divorce.) This same group, who had psychiatric symptoms also reported twice the frequency of parental death during childhood, than the general population. This group also utilized the health service for treatment of somatic ills at a much more frequent rate than the general student population. These findings in 1960 corroborated the 1949 studies of Ingham on college students.

In a study in 1966, suicides among the 15 to 19 year old age group caused 2.5% of their deaths in 1950 and 4.3% of their deaths in 1962. A

100% of these suicide attempts were homogeneous in that all of them had excessive family conflicts, broken homes, loss of meaningful social relationships, and previous suicide attempts and some insurmountable problem at the time of the suicide attempt. Forty-four percent had a history of a suicide or attempted suicide in their extended family, and in 25% of these instances the father or mother had attempted suicide. Another report that I heard in May of 1967 back at the APA meeting in Detroit on a matched control study of adolescent suicide attemptors showed that these adolescents suffered not only greater numbers of separation for significant people but the rate of separation increased progressively in the separate five year intervals, 0-5 years, and 5-10 years, and rose very drastically in the 10 to 15 year age span. In every instance, there was an acute separation or threatened separation from significant people that precipitated the suicide attempt. This again corresponds exactly to what I have seen here in this college. In every instance of a serious suicide attempt or a suicide gesture there has been a very definable object loss or the equivalent of an object loss or a symbolic loss within 24 hours of the suicide attempt, and this, is the source of the crisis that we have all been concerned with. Dr. Schrat, who works in the Suicide Prevention Center of Los Angeles, presented a paper in May at the APA meeting and he stated that 67% of the girls came from unstable, separated, or divorced homes. A chronic, acrimonious, rejecting conflict with parents over dating and social behavior, school failure and the adolescent's irresponsibility were the chronic stresses that set the stage for the final self-destructive attempt. Dorbat, again a person connected with L.A. Suicide Center, in a study of 121 children, under 18 years of age showed, that 50% of the completed suicides and 64% of the attempted suicides came from broken homes. Death of the parent in the completed suicide and divorce of the parents in attempted suicide were the most frequent causes of object loss in these two specific groups. Again perceive the relationship between the severity of the loss and irrevocability of the loss vs. the degree of seriousness of the attempt against one's self. Loss of both parent figures was significantly higher in the attempted vs. the completed suicide group. He showed that with the obvious increasing seriousness of the attempt at completing the suicide there was increasing rate of loss of the parent by death. 21% of the suicidal gestures had parental death, 30% of serious suicide attempts had parental death, and 45% of the completed suicides had lost a parent by death. And that, I think, speaks for itself. Large numbers of both groups of the subjects had suffered a real or threatened loss of some object a short time prior to their suicidal behavior. Suicide attemptors apparently were reacting to a threatened or temporary separation; whereas, the completed suicides apparently were reacting to irrevocable losses, such as the death of a loved one. Smith, again at the APA meeting in May, reporting in a study of 189 adolescent first admissions, age 14 to 19, for psychiatric illness in a private psychiatric hospital in San Antonio, showed that 20% of them came from overtly unstable and/or broken homes. A critical evaluation of the 80% from apparently stable, successful middle-class families showed that 80% of these (otherwise 64% of the total) had suffered from multiple and major psychological damaging experiences in their lives such as adoption, physical and mental illness of the parent, severe parental discord, covert parental support for both delinquent and suicidal behavior, and the interfering influence of extended family in the home, and employment of the mother outside the home. Linison reporting in the Journal of American College Health estimated that of the million college dropouts a year, a third of them are among the most intellectually gifted of entrants and 50% of the dropouts do so as a direct consequence of emotional disturbance. He states further that of the cases he studied, 75% of them had family situations characterized by desertion, separation, or death of the parents. Three-fourths of the fathers, when present in the home, had a high incidence of interrupted education in their own lives or career failures, and were openly destructive as to the patient's academic ambitions, and while ostensibly pushing the child to succeed in College by demonstrating disapproval if they failed, they still covertly wanted the child to drop out of school and not surpass them. He remarked on the prevalent attitude of parents of dropouts as not seeing their children as separate people distinct from themselves or the family as a unit or as people with their own individualized needs and goals. He characterized the mothers as clinging, symbiotically, to these children and the fathers as covertly wanting them to fail rather than succeed and surpass the fathers success. Hodesman, in 1965, reporting on college dropouts considered them psychologically to be an extention of the school phobia seen in younger children, (which is an interesting hypothesis). He considered it to be a persistence and a consequence of the symbiotic relationship between mother and child in which the child drops out of school in response to the mother's non-verbalized need to have the child pathologically dependent upon her in order for the child to continue to receive her love. Continuation in school contrary to the parents emotional needs threatens to rupture the life-sustaining relationship with the parents, predicated upon the child's paying for the relationship by surrendering his individuality, self-assertion, self-determination and identity as a grown man or woman, and of them beginning a life on their own separate from the parents. The parents by their psychologically stifling attitudes force the child to regress to the level of object relationship of a pre-adolescent child.

On the basis of these studies, reports, and figures there seems to be an interrelatedness among children who manifest symptoms of delinquency, depression, drinking excessively, dementia, driving dangerously, divorcing, and dropping out of school. Also, their being promiscuous, beating children, committing and attempting suicide, or murdering, raping, stealing, or being unemployed, social and/or academic failures. The trauma of losing a parent, either literally by parental death, illness or divorce or psychologically when parents are emotionally unreachable or symbolically through bi-lateral intrapsychic distortions of the object relationships, seems to be the injury that contributes to a consequent, relative inability to mature without some evidence of tendencies towards pathological aggressiveness, (self-destructiveness) or its social, legal, interpersonal, or academic equivalents. A pathological dependency may arise that drastically limits the full realization of the individuals latent potential. Now then, let us examine the genesis and the structure of object relationships and the intrapsychic and interpersonal consequences when a once established object relationship is destroyed.

There have been several reports recently that have exhaustively studied, by direct observation, the evolution and development of object relationships between child and mother during the first year of life. This relationship core between mother and child pivots upon the biological necessity of the infant to be taken care of by the mother in order for the child to physically survive. The emotional and affectional ties between these two is a learned elaboration based upon mutually rewarding repetitive experiences between them around the necessary, life-sustaining care, that the mother gives. The infant does not begin to become *cognitively* aware of the *absolute necessity* that the sustaining of this relationship has towards his continued existence until about eight months of age. By this age he has begun to be able to form and retain a psychic representation of mother as distinct from his physical self and also to be aware of the difference between the psychic representation of mother in his own mind and mother's real presence, as such. The cognitive, psychic representation is reinforced and elaborated upon and thus in time it becomes a more realistic image of mother, which can be recalled into awareness at the will of the child, to serve as an anxiety relieving mechanism-briefly-until mother literally returns, from her inevitable brief absences that every mother has from her children, to provide for the self and by this returning to reinforce the reality and the accuracy of the maternal image. The inevitable, reality-dictated, brief maternal absences; the reality-determined delays in feeding; the necessity of briefly giving up mother by having to be elsewhere in the house than where she is, or abandoning her, briefly, by going to sleep, or suffering minor discomforts of various sorts until mother appears and relieves them, or having various frustrations of limitations of movement, (you know the usual head through the bars on the crib, and you think they're murdered, you hear this screaming and yelling and you go in and help them out), and the inability to get the food, until mother appears, are all shattering experiences with distress, anger, and frighten the infant, briefly, and brings a dawning, fearful awareness that the self cannot survive without mother and cannot avoid pain without mother and cannot obtain pleasure and contentment in a positive way without mother, or to have pleasure in a negative sense, that is, freedom from anxiety and stressful situations. Therefore, the child clings in a dependent life-sustaining way (anaclitic) to mother, first because of biological necessity and secondly because of the reinforcement of positive, pleasurable, tactile, and physical gratifications from her and thirdly because of the negative pleasurable experiences in her presence, that is the absence of or desolution of anxiety about life-threatening, painful situations that the self is helpless and impotent to cope with, without her. Now this composite, affectional attachment composed of the foregoing real experiences, physical sensations and gratifications, cognitive apprehensions which mother relieves, psychological feelings towards her comprise the loving or libidinal bond between the child and the mother.

Primary aggressiveness is the innate biological tendency to master one's environment and its earliest manifestation is the evolutionary unfolding of the child's gaining voluntary motor control over his own limbs and body, and thereby eventually giving him enough power and discreet control to locomote in an upright, cross-pattern mode, develop the hand pincher movement with the thumb; acquire binocular vision to achieve three-dimensional perspective; develop head movements so as to utilize his stereophonic hearing, and finally control over his respiratory muscles, tongue and larynx so as to be able to communicate verbally. All of these things differentiate the human animal from every other animal in the world. No other beast can do these things or has these physiological capacities. All of these mastering tendencies (aggressiveness) once developed to some level of effectiveness, collectively become applied by the infant outwardly from the discreet parts of the self——that is the parts of his body that he is attempting to control—towards the environment in the service of the whole self in approaching, contacting, pursuing, grasping, retaining, and developing further the libidinal, life-preservative interchange with the primary love object, mother, in an assertive, aggressive, physically possessive way. In other words, there is a fusion of the libidinal and aggressive drives in a complementary way, now, to assertively and demandingly acquire, retain, and expand the life-sustaining maternal object relationship instead of the earlier phase of object relationship where the child is a passive recipient of whatever the mother chooses to do, but when these kids are able to walk you can hardly walk past them without getting tackled around the knees for a little lovin' as you're goin' by to put on the hamburgers or open up the T-V dinners. Right? And sometimes they tackle you and you trip and go down the stairs and you can't be angry with them because they didn't mean it, presumably. The continuing development of this complex maternal relationship motivated and implemented by the afore said psychobiologic, interpersonal forces becomes the prototype for all future object relationships. To the degree that this maternal object relationship is fulfilling, gratifying and constructive, it permits maturation to new and more complex phases and levels of internal psychosexual development and object relationships. The quality of the maternal object relationship, characteristic of each developmental phase, can be surrendered without injury or remorse and permit of a similar quality of object relationships with the extended family and secondary objects, and eventually the family of man in toto (society) in a progressively more complex and mature way.

The child through the psychologic, cognitive processes of incorporation and identification continues to elaborate a more complex psychic image of mother and, other, later, secondary love objects so that at any given time the majority of the internal personality structure of the child strongly reflects the corresponding structure in the mother and/or other significant love objects in whole or in part. The self, then, or parts of the self, as one conceptualizes one's self, are representative of and/or equal to, the maternal love object, primarily and other love objects, secondarily.

Irrespective of how complex and complicated this internal, maternal image (equated with the self as parts of this self) becomes, it always serves the primary and first purpose it was utilized for, namely; a mechanism by which to bridge the painful reality of mother's absence, that is her temporal, transient, perceptual nonexistence. A young child, if it doesn't see mother, or hear her, or feel her, or touch her, is concerned as to whether or not she exists. If he sees her, hears her, touchs her, she exists, because he perceives her, and on that primitive beginning, later, more complex and reality oriented perceptions of her evolve. All object relationships evoke similar sequences of incorporation and identification that over the passage of time precipitate out combinations of individualized psychic structures that identify a person as unique from all other persons. His existence and identity is recognizable by the combinations, and derivatives of combinations, of his identifications with significant love objects in his life. The maternal love object relationship shapes and flavors all subsequent object relationships to one degree or another. Therefore, the gain or loss of any love object any time in life recapitulates to one degree or another the regaining or loss or continuation of the quality of the antecedent maternal object relationship. Structurally any alteration of any significant object relationship in whole or in part produces a change in the self's intrapsychic structure. Loss of a love object produces a reaction that is perceived cognitively as a loss in part or in toto—of one's self. The younger the age at the time of the loss of significant love objects, the more totality of self loss occurs. Loss of a love object in reality by death or abandonment, loss psychologically, by the object's changing to a degree and quality that can no longer be accepted and identified with (a parent becoming an alcoholic, or becoming mentally ill, or being arrested for instance);

symbolically losing an object because the self perceives the object as rejecting it; going away to school, becoming an independent adult, being more successful, career or academic-wise, than the parent. The loss of the maternal love object or having no mother to love at all or a mother that is impossible to love, causes serious, permanent distortion in a child's personality and leaves him susceptible to future adaptational breakdown by many minor stresses in many different ways.

The psychological process, that occurs at the time of the loss of the object, is a defusion of the previously complementary loving and aggressive drives and desolution of the internal psychic structures that had been evolved through the previous constructive affectional interaction with the object. So if a love object is lost in reality then because the self's psychic structure is not reinforced by the continued presence of the love object then whatever psychic structure (ego, personality, defense mechanisms,etc.) that have been incorporated from the object inside the individual, these will begin to disintegrate because they need the re-enforcement of reality contact with the object. The anxiety and the fear attendant to reawakened infantile fears of annihilation by others without the mother to protect the self, ideas of death by starvation, terrors of lonesome abandonment, feelings of literal disintegration, depersonalization and estrangement from the self because it has lost its chief, identifiable ingredient, the object, are all very severe. Cognitive awareness of impending, imminent death arises; all pleasurable and positive gratification ceases because the source of these gratifications is gone. There is no longer any protector or protection from the onslaughts of engulfing, overwhelming, intolerable anxiety.

The physiological response to all of the above events is tremendous aggression mobilized in an effort to regain the lost object. The continued absence of the object and the persistence of anxiety, fear, and pain alters the aggressiveness into frustrated, helpless rage now directed against the object for its abandonment and exposing the self to such a painful condition. Aggression always seeks an external mode of expression except in the very earliest stages of life. Aggression seeks an external mode of expression or an external object upon which to focus. Since the primary object of the rage is not discernible in the external environment, the rage becomes directed internally towards that part of the self which represents the object that has been incorporated; the psychic image of the love object, which is now part of the self. This rage directed against the self-incorporated object is manifested in the younger child by violent temper tantrums, head-banging, biting and scratching one's self, pulling hair out, ripping off finger and toenails, refusal to eat, and total inconsolability. After this fury has spent itself, a phase of dejected, forlorn, lethargy, and regression manifests itself in a child's behavior towards others and itself. A despondent, desperate, whining, clingingness, to anyone and everyone occurs with no special attachment to anyone. There then ensues a chronic, persistent characteristic, individualized detachment, aloofness, and emotional uninvolvement with people, except at the most superficial levels. All you mothers remember when your infants were about seven or eight months of age, they never raised a fuss about you leaving until that age, right? Anybody remember this age in their children? But then, when they see the babysitter coming in the front door, they raise a hell of a fuss. You think the babysitter must be giving them the Chinese water torture or something while you're gone. But they raise a heck of a fuss and it seems as if they are afraid of the babysitter. They have finally learned that you really are not part of themselves and they cannot control your coming and going or your absences. There is a fear that if you go, you will not come back. How many times have you gone on vacation and you come home expectant, "Oh, I'll be so happy to see the baby." You walk in the door, the kid looks you up and down and turns his back on you. This ever happen? He is angry at you. Actually, the child kills you when he turns away from you because he thinks you do not exist unless he perceives you. So, if he turns his back on you, he is saying in his own eloquent behavioral way, "Drop dead!" Notice the spontaneousness of your guilt relieving activities by bringing home a gift to the child when you have been away. Everybody does this, don't they? Why? Because you know that he is mad that you are gone and you are trying to buy off his angriness. And how many times after you've come home, the child is just not fit to live with for a week. It is that babysitter—that's it—the babysitter. But really the child is acting out his anger that he had to keep under control while you were gone because he wasn't quite sure whether you were going to come back. This normal expression of anger over the hurt of losing you temporarily depends on how the relationship builds up in a constructive way between the mother and the child. This sequence of events of rage, the attacking oneself, and then the chronic despondency is the usual predictable behavior associated with the process of grieving over a lost object. The purpose of the grieving is to:

(1) control and dissipate the rage and hate the self has towards the object;

(2) to attempt to regain the object;

(3) to procure new objects in the old object's place;

(4) to exclude from awareness the feeling of hopeless helplessness that exists without the object, that is, a feeling of depression;

(5) to be punished for the badness of the enraged murderous feelings towards the object which equals the self;

(6) to exclude from awareness the unfulfilled longing to be loved again and still as the lost object had loved the self, that is, in an infantile, anaclitic, dependency gratifying way.

All object losses, from whatever cause, in whatever period of life, produce the same degree and quality of reactions. The open expression of which reaction needs to be facilitated rather than suppressed in order for the self to recover from the injurious loss with the least irreparable damage. Unexpressed grief over the loss of previous love objects reactivated by present day real or symbolic losses underlies most of the symptoms of our students in turmoil. The repressed, unexpressed grief with its attendant rage, depression, guilt, self-abnegation, and the self-destructive internalizing of all of these feelings underlies the multiple forms of manifest and covert self-destructiveness that we see among our students. In order for constructive object relationship capacity to exist again with the hurt child, some experience must occur which facilitates the re-fusion of the loving and aggressive drives towards the same object. In unexpressed grief, the self's love and his aggression remain internally directed towards the recovery of the image of the archaic, anxiety relieving mother, the willful recall of which image, first brought solace in a momentarily, painful world. However, the loving and aggressive drives remain "forever locked in the service of a hopeless cause" thus reinforcing the sense of hopeless helplessness, depression, pessimism, expectation of failure, and a loveless, empty, meaningless life.

Now what interpersonal exchanges occur which tend to keep the grief unexpressed? Well, we'll go into this case this afternoon and talk about it. Can we have eight minutes of discussion? Yes sir.

Q. You listed among the first things like alcoholic father, mother's death, and so on, among these things you mentioned adoption. Is this person more vulnerable and does he characteristically fit into the pattern you described?

A. Yes, not all adopted children are vulnerable but being adopted is a stress which is out of the ordinary in terms of the child's conceptualization of, "How come I was available for adoption in the first place?" "I must have been worth zero value to somebody (the natural mother) in order to be given away, abandoned, deserted, etc." Most frequently, the children that I see that are adopted that have trouble think in these terms. It depends upon the attitude and the interaction of the parent with the child in how they convey the concept of adoption.

Q. Is there anything to the success of adoption according to the age of the child?

A. Yes, the younger the child, the more successful.

Q. You spoke of eight months, for instance.

A. I would suspect the child should be adopted before they are six or seven months old. Now what we are saying here is that all the children that get into turmoil have had a significant painful experience in the single or repetitive loss of important love objects. However, every person who has had the loss of a love object does not become a person in turmoil. But, from the various articles that I quoted, it seems pretty obvious that there is a repetitive, observable phenomena, object loss, that underlies, etiologically, their subsequent maladaptation. There are events which occur if the child loses an object and someone affectively tries to step in immediately and replace the lost object. If he attempts to console the child and permit the child to grieve, to be angry, to be messy, to wet the bed, lose its toilet training, go back to diapers, refuse to talk, return to the bottle again, allow the child to sleep with them and have nightmares, the child will act out aggressive behavior towards cats and dogs, spill things on the table, refuse to eat, etcetera. If they can tolerate the child's rage and anger over having lost something which is vitally necessary to the child's life, as the child perceives it, and if they are flexible enough to absorb a few kicks in the shins, and running down, such as, "I hate you", "Drop dead", "I want my mother back", "You're not my mother", "You can't tell me what to do"—if they can tolerate all this, then, they become a constant object in their attitudes, their supportiveness and particularly their accepting protectiveness. The child then can re-claim an object relationship which sustains it and the lost object can be replaced. But, the child can't be told as so many people do, "Now, now, it's all right. Don't cry,—be a nice boy." And have the pediatrician slip the child a little phenobarb and make the child cognitively unaware of what's going on in his environment. I see a lot of patients who are depressed because physicians, at the time of death of an individual, come along and sedate the person almost instantly. The doctor comes to confirm whether the person is dead or not and the next thing he does is give the rest of the family sedatives which makes the person unaware of what is going on. This tends to suppress and repress the grief reaction. How many times have you come across individuals who never shed a tear about a loss and then they start to go down hill? This is interesting in terms of a study they did at the Mayo Clinic, because part of depressive symptomatology is the redirection of the aggressiveness, anxiety and depression into physical complaints. Forty-five people came to the Mayo Clinic with acute physical illnesses with all kinds of diagnoses. They looked through their cases and sixteen of them had had acute loss,—either a real loss, a symbolic loss or a threatened loss—within twenty-four hours before the onset of their symptoms. Thirty-one of them had an acute object loss within seven days; in the prior 30 days forty-two people had serious object loss. Now, you may chuckle at this, but there is also a relationship—in time—between the onset of a child developing myologenous leukemia and suffering the loss of the parent by death. This is, in a monograph on grief—"The Experience and the Disease." I have a girl in treatment right here. Everytime she talks with her mother, —it is a very painful relationship—she develops arthritis in her right hand which ordinarily she would use to sock her mother with if she dared. The incidence of more fatal car accidents in people who are chronically ill such as diabetics, epileptics, mental illness, cardiovascular diseases,—these kinds—they have a ratio of 1.6 to 2.1 times the number of accidents that other people in weighted groups have. Drug addicts have a better driving record than the average population. But here, the idea that people who are chronically ill, getting involved in self-destructive car accidents is interesting. Here is experience that correlates the onset and perpetuation of chronic medical illnesses because of unresolved depressive feelings that make themselves manifest in somatic complaints.

Q. We start here at 1:30, is that right, Ted?

Q. I just have one question, Mark. Have you had any experience with the Orthodox Jew group that has its week or two-week period of atonement?

A. I don't know. The only Orthodox Jewish person that I treated was a young girl who wanted to marry a Christian. Boy, that was a case—she was striving for her own individual identity away from the parents and out of the context of the very restrictive confines of the Orthodox Jewish religious practice. She was a very depressed girl because she had lost a husband by cancer a few years earlier which made her severely and chronically depressed.

COLLEGE MANAGEMENT'S GUIDE TO ILLICIT DRUGS

HABIT-FORMING DRUGS	SLANG NAMES	WHAT THEY ARE	PRIMARY EFFECT
BARBITURATES	Red birds Yellow jackets Blue heavens Goof Balls	Barbiturates are sedatives prescribed in small doses to induce sleep or, in smaller doses, to provide a calming effect. All are legally restricted to prescription use only. They can be habit-forming.	Small amounts make the user relaxed, sociable, good-humored. Heavy doses make him sluggish, gloomy, sometimes quarrelsome. His speech is thick and he staggers.
AMPHETAMINES	Bennies Co-pilots Footballs Hearts Pep Pills	Amphetamines are stimulants, prescribed by physicians chiefly to reduce appetite and to relieve minor cases of mental depression. They are habit-forming; withdrawal is agonizing.	Normal doses produce wakefulness, increased alertness, increased initiative and a great deal of activity. Overdoses wildly exaggerate these traits.
HALLUCINOGENS	LSD Acid	LSD-25 is a lysergic acid derivative. Mescaline is a chemical taken from peyote cactus. Psilocybin is synthesized from Mexican mushrooms.	All produce hallucinations, and exhilaration and can lead to serious mental changes, psychotic manifestations, suicidal tendencies, nervous breakdown.

ADDICTIVE DRUGS	SLANG NAMES	WHAT THEY ARE	PRIMARY EFFECT
CODEINE	Schoolboy	Codeine is the weakest derivative of opium and is less addictive than heroin or morphine. It is frequently prescribed to ease mild pain and is often found in cough medicines.	Perceptions dull, attention strays and the user becomes unaware of his surroundings.
MORPHINE	M, Dreamer	This is the principal derivative of opium, it appears primarily as morphine sulphate: White crystalline powder, light porous cubes or small white tablets.	Attention strays. User becomes less perceptive. Great depression may be produced, along with lowering of respiratory rate.
HEROIN	Snow, Stuff, H, Junk	Heroin is diamorphine, a synthetic alkaloid formed from morphine. It is a white, off-white or brown crystalline powder. This is the most popular drug of addiction.	The same as morphine but to a far greater degree.
MARIJUANA	Joints, Sticks, Reefers, Weed, Grass, Tea, Mary Jane, Gage, Pot, Muggles, Mooters, Indian hay, Locoweed, Mu, Giggle-smoke, Griffo, Mohasky, Hashish.	Marijuana is the dried flowering or fruiting top of the plant Cannabis Sativa L., commonly called Indian hemp. Usually looks like fine, green tobacco.	A feeling of great perceptiveness and pleasure can accompany small doses. Larger doses produce erratic behavior, loss of memory, and distortion of spatial perceptions.
COCAINE	The Leaf, Speed Balls	Made from the leaves of the coca bush. It is a white, odorless, fluffy powder that looks like crystalline snow. It occasionally is made as a pill.	In small doses, similar to effect of marijuana. With moderately large doses, reflexes are exaggerated, talkativeness heightened. Larger doses cause depression.

HOW TAKEN	HOW SPOTTED	DANGERS
Orally as tablet or capsule.	The appearance of drunkenness with no odor of alcohol characterizes heavy doses. Persons on smaller amounts are difficult to spot.	People allergic to barbiturates may react to them with a rash and a feverish illness that sometimes culminates in shock, coma, and death. This group of drugs is involved in over 1,500 deaths each year in the U.S. Users taking an overdose can suddenly lapse into sleep which, if not arrested, may lead to coma and death. Stomach pumping is essential.
Orally as tablet or capsule.	An almost abnormal cheerfulness and unusual increase in activity.	Amphetamines can cause high blood pressure, abnormal heart rhythms and even heart attacks. Teenagers often take them to increase their "nerve". As a result, they may behave dangerously. Excess or prolonged usage can cause hallucinations, loss of weight and impairment of health.
In tablet, ampul (hypodermic) form or in saturated sugar cubes. As litle as 100 micrograms of LSD-25 can produce hallucinations lasting for days.	Users undergo complete personality changes, "see" smells, "hear" colors. They may try to fly or brush imaginary insects from their bodies, etc. Behavior is totally irrational.	Death and permanent psychosis are common results of using the hallucinogens.

HOW TAKEN	HOW SPOTTED	DANGERS
Codeine may be drunk in cough medicine, diluted with wine or H_2O or taken in tablet form.	Users may be dazed or act mildly drunk.	Codeine is frequently the beginning of addictions for students. If it is drunk in cough medicines that have a high alcohol content, the user can become an alcoholic as well as an addict. If this happens, and the alcoholic user "progresses" from codeine to barbiturates, the combination of liquor and depressants may kill him.
Swallowed or injected into the skin.	Users are dazed, unable to respond and without the ability to pay attention to instructions or events. A user will often pant.	Intestinal activity becomes impaired and breathing is often affected to the point that it stops—permanently. Continued use leads to a building of tolerance levels, in which case enormous doses become necessary for the drug to have an effect.
Heroin is either injected into the vein or sniffed.	Users are dazed and often begin to "goof" — stare into space dreamily—or "nod". Arms of user (or thighs) are often pocked with white needle scars or reddish scabs. Heroin is usually sold in glassine paper bags that come in paper "decks" or sets. Users may pant, cough, or sniff.	Heroin acts far more quickly than morphine and can cause addiction more quickly. Usual dosage is about one-fourth that of morphine. Judgment, self-control and attention rapidly deteriorate, and the user can become a mental degenerate. Loss of appetite and weight are common. Overdoses can cause convulsions and death.
Smoked in pipes or cigarettes. It is infrequently made into candy, sniffed in powder form, mixed with honey for drinking or with butter to spread on bread. Cigarettes are more slender than normal; ends are crimped.	Users may stare off into space and appear glassy-eyed. They often pass into semi-consciousness and drift into sleep.	Because of the vivid visions and exhilaration which result from use of marijuana, users may lose all restraint and act in a manner dangerous to themselves and/or others. Acute mania and convulsive attacks may follow use. The drug is habit-forming and causes a considerable psychic dependency—not a true physical one.
Taken orally as a pill or more commonly sniffed through the nose. It is very infrequently melted down and injected.	Users become alert and seem perceptive. Their physical reactions are sharp. As the dose is increased, reactions become very acute and then subside as depression sets in. User may pant, have dilated pupils, a rise in temperature, lose sense of time.	Vertigo and mental confusion are often present. A large dose can cause exhaustion for several days. Convulsions and death due to paralysis of the respiratory center can result from large doses. The drug is addictive, causing physical as well as psychic dependency, and withdrawal is agonizing.